

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37738

FILED
May 30, 2008
Secretary of State

Entity Name: SUNCOAST ARCHERS, INC.

Current Principal Place of Business:

2909 29TH AVENUE WEST
BRADENTON, FL 34205 US

New Principal Place of Business:

Current Mailing Address:

2909 29TH AVENUE WEST
BRADENTON, FL 34205 US

New Mailing Address:

FEI Number: 59-3021832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TUSSING, SCOTT
2909 29TH AVENUE WEST
BRADENTON, FL 34205 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BRODEUR, CHRIS R MR
Address: 11644 IRVING AVE
City-St-Zip: SEMINOLE, FL 33772

Title: P () Delete
Name: SCOTT, TUSSING MR
Address: 2909 29TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34205

Title: ST () Delete
Name: BRODEUR, PAMELA L MRS
Address: 11644 IRVING AVE
City-St-Zip: SEMINOLE, FL 33772 US

Title: VP () Delete
Name: HILL, GREG MR
Address: 7301 17TH WAY NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT TUSSING

P

05/30/2008

Electronic Signature of Signing Officer or Director

Date