
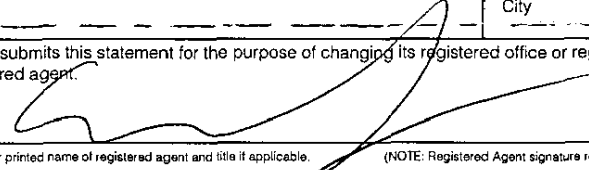
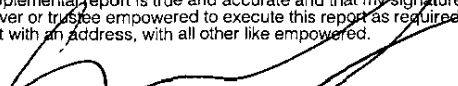


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90023 028 ****61.25

DOCUMENT # N40874 1. Entity Name SUNCOAST CHAPTER OF THE AMERICAN SOCIETY OF HOME INSPECTORS, INC					
Principal Place of Business P.O. BOX 13023 ST. PETERSBURG, FL 33733-3023			Mailing Address P.O. BOX 13023 ST. PETERSBURG, FL 33733-3023		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3047547	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PIPINO, EDWARD 5952 BAY VIEW CR SAINT PETERSBURG, FL 33707				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 3-2-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAFELSKI, THOMAS		NAME	GOEHLER, KARL	
STREET ADDRESS	3131 49 ST N		STREET ADDRESS	PO BOX 280082	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP	TAMPA, FL 33682	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, KEN		NAME	FAHS, JIM	
STREET ADDRESS	3131 49 ST N		STREET ADDRESS	525 SOUTH PAULA DRIVE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP	PONEDID, FL 34698	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARK, ROBERT II		NAME	HARRINGTON, KIM	
STREET ADDRESS	127 ALE		STREET ADDRESS	PO BOX 3802	
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786		CITY-ST-ZIP	SEMINOLE, FL 33775	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIPINO, EDWARD		NAME	PIPINO, EDWARD	
STREET ADDRESS	5952 BAY VIEW CR		STREET ADDRESS	5952 BAY VIEW CR	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE 3-2-04 717-580-6020 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					