2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 21, 2005 8:00 am Secretary of State 03-21-2005 90088 015 ****61.25

DOCUMENT # N40874 1. Entity Name SUNCOAST CHAPTER OF THE AMERICAN SOCIETY OF HOME INSPECTORS, INC						03-21-2005 90088 015 ****61.25				
Principal Place of Business P.O. BOX 13023 ST. PETERSBURG, FL 33733-3023 ST. PETERSBURG, FL 33733-3023 ST. PETERSBURG, FL 33733-3023					3023	A LORNIEL SIX		P1 81211 8121L 218	1)1 BIB11 BIWII BIB	II(E) &1 1821
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	•		01122005	Chg-NP	CR2E0	37 (10/03)	
City & State			City & State			4. FEI Number 59-3047	547			plied For ot Applicable
Zip Country				ıntry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current I	Registered Agent	··•··	ļ	7. Name and	Address of New I	Registered	Agent	
PIPINO, EDWARD 5952 BAY VIEW CR					Name Street Address	reet Address (P.O. Box Number is Not Acceptable)				
SAINT PETERSBURG, FL 33707					<u> </u>			- ,		
					City			FL	Zip Cod	е
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.										
3-18-05										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Signature required when reinstating) OATE										
Filing Fee is \$61.25 9. Election Campa Trust Fund Con							1	-		
	-				• –	\$5.00 May Be Added to Fees	Flo		k payable to tment of St	
10.	-		Trust Fr		ion.		FIO	rida Depar	tment of Si	late
10. Title	-	fay 1, 2005	Trust Fr	und Contribut	ion.	ADDITIONS/CHA	FIO NGES TO OFFICE	rida Depar	tment of SI	late
TITLE NAME	PD GOELLNE	OFFICERS AND DIF	Trust Fr	und Contribut	ion.	ADDITIONS/CHA	FIO NGES TO OFFICE	rida Depar	tment of SI	iate
TITLE NAME STREET ADDRESS	PD GOELLNI	OFFICERS AND DIF ER, KARL	Trust Fr	und Contribut 11. TITL NAN STRI	E PP	ADDITIONS/CHA	PAULA	rida Depar ERS AND DI	RECTORS IN	iate
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	PD GOELLNI PO BOX :	OFFICERS AND DIF	Trust Fi	und Contribut 11. TITL NAN STRI CITY	E PP	ADDITIONS/CHA	PAULA	rida Depar ERS AND DI	RECTORS IN	10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD GOELLNI PO BOX: TAMPA, F VD FAHS, JII 525 SOU DUNEDIN	OFFICERS AND DIF ER, KARL 280082 FL 33682	Trust Fi	UND CONTRIBUTE 11. TITL NAM STRI CITY TITL NAM STRI STRI	E P P P P P P P P P P P P P P P P P P P	ADDITIONS/CHA	PAULA FL 3 LOUIS LOUIS LOUIS	rida Depar ERS AND DI DRIVE 4698 AUE	RECTORS IN Change	10 Addition
TITLE NAME	PD GOELLNI PO BOX: TAMPA, F VD FAHS, JII 525 SOU DUNEDIN SD	OFFICERS AND DIF ER, KARL 280082 FL 33682 M TH PAULA DRIVE N, FL 34698	Trust Fi	UND CONTRIBUTE TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY TITL TITL TITL	E F F F F F F F F F F F F F F F F F F F	ADDITIONS/CHA	PAULA FL 3 LOUIS LOUIS LOUIS	rida Depar ERS AND DI DRIVE 4698 AUE	RECTORS IN Change	10 Addition
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