2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# N40874

Entity Name: SUNCOAST CHAPTER OF THE AMERICAN SOCIETY OF HOME INSPECTORS, INC

Current Principal Place of Business:

P.O. BOX 13023
ST. PETERSBURG, FL 337333023

New Principal Place of Business:

3131 49TH STREET NO.
ST. PETERSBURG, FL 33710

Current Mailing Address:

3131 49TH STREET NO.
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-3047547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIPINO, EDWARD
5952 BAY VIEW CR
SAINT PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: PARRILLO, LOUIS
Address: 5624 MONTANA AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD ( ) Delete
Name: GRAHAM, PATRICK
Address: 6845 OAK CREST WAY
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: SD ( ) Delete
Name: SUBLER, DAREN
Address: 12841 66TH STREET
City-St-Zip: LARGO, FL 33773

Title: TD ( ) Delete
Name: PIPINO, EDWARD
Address: 5952 BAY VIEW CR
City-St-Zip: GULFPORT, FL 33707

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: EDWARD PIPINO TR 01/04/2008
Electronic Signature of Signing Officer or Director — Date