

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43754

FILED
Jan 24, 2008
Secretary of State

Entity Name: SUNCOAST CLASSIC M.G. CLUB, INC.

Current Principal Place of Business:

P. O. BOX 10728
BROOKSVILLE, FL 34603 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 10728
BROOKSVILLE, FL 34603 US

New Mailing Address:

FEI Number: 59-3087481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUTLER, ROBERT E
10119 HOLLY BERRY DR
WEEKI WACHEE, FL 34613 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: DT () Delete
Name: SHUTLER, ROBERT E
Address: 10119 HOLLY BERRY DR
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: DP () Delete
Name: DECKER, RALPH
Address: 11428 ROYAL DRIVE
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: DVP () Delete
Name: MATHES, TERRY
Address: 9148 HIGHPOINT BLVD
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: DS () Delete
Name: PHILLIPS, DIANN
Address: 6150 ZIRKELS CIRCLE
City-St-Zip: BROOKSVILLE, FL 34606 US

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: ROBERT E SHUTLER

DT

01/24/2008

Electronic Signature of Signing Officer or Director

_____ Date