## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N44955

FILED Jan 10, 2007 Secretary of State

Entity Name: SUNCOAST WALDORF ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1857 CURLEW RD PALM HARBOR, FL 34683 US **Current Mailing Address: New Mailing Address:** 1857 CURLEW RD PALM HARBOR, FL 34683 US FEI Number: 59-3075718 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEDINGFIELD, BARBARA Y 1122 18TH STREET SW LARGO, FL 33770 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition POTTS, KENDALL IVANOV, ROCIO Name: Name: 1150 COMMODORE ST Address: 3307 HYDE PARK DRIVE Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: CLEARWATER, FL 33761 Title: () Delete Title: () Change () Addition BEDINGFIELD, BARBARA Name: Name: Address: 1122 18TH ST. SW Address: City-St-Zip: LARGO, FL 33770 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition FRIEDMAN, JULIE WILEY, MATT Name: Name: 1107 CHARLES ST. 1012 WOODRUFF Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756

 Title:
 D ( ) Delete

 Name:
 BRANNON, JULIE

 Address:
 1008 WOODLY RD

 City-St-Zip:
 CLEARWATER, FL 33764

 Title:
 D ( ) Delete

 Name:
 LUCIA, RITA

Address: 2225 NURSERY RD., BL. 21 APT. 2

City-St-Zip: CLEARWATER, FL 33764

 Title:
 D
 ( ) Delete

 Name:
 SPATES, WILL

 Address:
 1848 OAK LAKE DR

 City-St-Zip:
 CLEARWATER, FL 33764

Address: 2417 HUNTINGTON BOULEVARD
City-St-Zip: SAFETY HARBOR, FL 34695

Title: ( ) Change ( ) Addition
Name:
Address:

BRANNON, JULIE

DALEE, WANDA

1008 WOODLEY RD

CLEARWATER, FL 33764

(X) Change ( ) Addition

(X) Change ( ) Addition

**PRES** 

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Title:

Name:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: BARBARA BEDINGFIELD VD 01/10/2007