2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED May 01, 2007 DOCUMENT# N44955 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 LIS **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: () Change () Addition () Delete IVANOV, ROCIO Name: Name: 3307 HYDE PARK DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: 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: () Change () Addition WILEY, MATT Name: Name: 1012 WOODRUFF Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: **PRES** () Delete Title: () Change () Addition Name: BRANNON, JULIE Name: Address: 1008 WOODLEY RD Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: Title: () Delete Title: (X) Change () Addition DALEE, WANDA STAPLETON, TERRENCE Name: Name: 2417 HUNTINGTON BOULEVARD 580 S. FLORIDA AVENUE Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: TARPON SPRINGS, FL 34689 Title: () Delete Title: (X) Change () Addition HARTWELL, ELIZABETH SPATES, WILL Name: Name: Address: 1848 OAK LAKE DR Address: 5548 OCEANIC RD.

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.

City-St-Zip:

HOLIDAY, FL 34689

SIGNATURE: BARBARA BEDINGFIELD VD 05/01/2007

CLEARWATER, FL 33764

City-St-Zip: