

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44955

FILED
Mar 25, 2009
Secretary of State

Entity Name: SUNCOAST WALDORF ASSOCIATION, INC.

Current Principal Place of Business:

1857 CURLEW RD
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

1857 CURLEW RD
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-3075718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEDINGFIELD, BARBARA Y
1122 18TH STREET SW
LARGO, FL 33770 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: ST () Delete
Name: IVANOV, ROCIO
Address: 3307 HYDE PARK DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: T () Delete
Name: BEDINGFIELD, BARBARA
Address: 1122 18TH ST. SW
City-St-Zip: LARGO, FL 33770

Title: TT () Delete
Name: CLELAND, FRANCIS
Address: 1664 NANTUCKET CT
City-St-Zip: PALM HARBOR, FL 34683

Title: T () Delete
Name: BRANNON, JULIE
Address: 1008 WOODLEY RD
City-St-Zip: CLEARWATER, FL 33764

Title: PT () Delete
Name: STAPLETON, TERRENCE
Address: 580 S. FLORIDA AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T () Delete
Name: HARTWELL, ELIZABETH
Address: 5548 OCEANIC RD.
City-St-Zip: HOLIDAY, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TT (X) Change () Addition
Name: UPPENBRINK, MATTHEW
Address: 1452 MALLARD PLACE
City-St-Zip: PALM HARBOR, FL 34683

Title: T (X) Change () Addition
Name: JACAJ, CARMEN
Address: 1529 AMARYLLIS COURT
City-St-Zip: TRINITY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FORD, KATHERINE
Address: 1234 WOODLAWN TERRACE
City-St-Zip: CLEARWATER, FL 33755

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: BARBARA BEDINGFIELD

T

03/25/2009

Electronic Signature of Signing Officer or Director

Date