

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90091 039 ****70.00

DOCUMENT # N50746 1. Entity Name SUNCOAST AGE OF ENLIGHTENMENT ASSOCIATION, INC.					
Principal Place of Business 4925 S. WESTSHORE BLVD TAMPA, FL 33611 US			Mailing Address 4925 S. WESTSHORE BLVD TAMPA, FL 33611 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3119020	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MACFARLANE, ANDREW K. 2300 FIRST FLORIDA TOWER 111 EAST MADISON STREET TAMPA, FL				7. Name and Address of New Registered Agent Name Macfarlane, Andrew K. Street Address (P.O. Box Number is Not Acceptable) One Tampa City Center, Suite 2000 201 N. Franklin St. City Tampa FL Zip Code 33602	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Andrew K. Macfarlane</i> Andrew K. Macfarlane - May 6, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BYRNE, DIANE F. 1830 OHIO AVE N.E ST. PETERSBURG, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DEVOS, LOUIS 6500 EVERGREEN AVE. SEMINOLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VUILLE, JIM 150 73RD ALN #115 ST PETERSBURG, FL 33702				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GRILLI, PETER 407 S. LOIS AVE. TAMPA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GOTTSCH, DAVID 4103 1/2 W. MORRISON AVE TAMPA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MACFARLANE, HUGH 4405 ESTRELLA TAMPA, FL				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Hugh Macfarlane</i> Hugh Macfarlane, Director, 5-6-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					