2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# N50746

Entity Name: SUNCOAST AGE OF ENLIGHTENMENT ASSOCIATION, INC.

Current Principal Place of Business:

4925 S. WESTSHORE BLVD
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

4925 S. WESTSHORE BLVD
TAMPA, FL 33611 US

New Mailing Address:

FEI Number: 59-3119020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MACFARLANE, ANDREW K.
ONE TAMP CITY CENTER SUITE, 2000
201 N. FRANKLIN ST
TAMPA, FL 33602 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:	D	( ) Delete
Name:	BYRNE, DIANE F.,	
Address:	1830 OHIO AVE N.E	
City-St-Zip:	ST. PETERSBURG, FL	
Title:	D	( ) Delete
Name:	DEVOS, LOUIS,	
Address:	6500 EVERGREEN AVE.	
City-St-Zip:	SEMINOLE, FL	
Title:	D	( ) Delete
Name:	VUILLE, JIM	
Address:	150 73RD ALN #115	
City-St-Zip:	ST PETERSBURG, FL 33702	
Title:	D	( ) Delete
Name:	GRILLI, PETER,	
Address:	407 S. LOIS AVE.	
City-St-Zip:	TAMPA, FL	
Title:	D	( ) Delete
Name:	GOTTSCH, DAVID,	
Address:	4103 1/2 W. MORRISON AVE	
City-St-Zip:	TAMPA, FL	
Title:	D	( ) Delete
Name:	MACFARLANE, HUGH,	
Address:	4405 ESTRELLA	
City-St-Zip:	TAMPA, FL	

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:	
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: HUGH MACFARLANE D 04/27/2008
Electronic Signature of Signing Officer or Director — Date