

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50746

FILED
Apr 15, 2009
Secretary of State

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
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City-St-Zip:

Title: () Change () Addition
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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

DIR

04/15/2009

Electronic Signature of Signing Officer or Director

Date