


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000001150</b> 1. Entity Name <b>SUN COAST SHAG CLUB, INC.</b>	
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Principal Place of Business <b>124-D LOBLOLLY CT. OLDSMAR, FL 34677 US</b>	Mailing Address <b>124-D LOBLOLLY CT. OLDSMAR, FL 34677 US</b>
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**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3166790</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MCKNIGHT, SHERRY 124-D LOBLOLLY CT. OLDSMAR, FL 34677</b>
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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHERRY MCKNIGHT 124 D LOBLOLLY CT OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRADDOCK, SANDY 3420 LEMON ST TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARRISON, NAN 3432 EHRLICH ROAD TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WHITSON, JUDI PO BOX 1428 VALRICO, FL 33595
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/27/05-80143-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandy Braddock* *Judi Whitson* **04/25/05 813-874-5677**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #