

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000001150

1. Entity Name
SUN COAST SHAG CLUB, INC.



Principal Place of Business
124-D LOBLOLLY CT.
OLDSMAR, FL 34677 US

Mailing Address
124-D LOBLOLLY CT.
OLDSMAR, FL 34677 US



01172006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3166790

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKNIGHT, SHERRY
124-D LOBLOLLY CT.
OLDSMAR, FL 34677

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

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

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02/06/06-80021-014 61.25

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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: SHERRY MCKNIGHT Sherry Mc Knight 1/24/06 (813) 974-2926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #