2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000001150

1. Entity Name
SUN COAST SHAG CLUB, INC.

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

DO NOT WRITE IN THIS SPACE

08292007 No Chg-NP CR2E037 (4/06)

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

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

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

U00000773206
09/05/07-80001-020 61.25

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	

DO NOT WRITE IN THIS SPACE

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: _____ 8/20/07 813-874-5677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#