

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002056

FILED
Aug 11, 2004
Secretary of State**Entity Name:** FLORIDA SUNCOAST CORRECTION N.Y.C. RETIREES, INC.**Current Principal Place of Business:**P.O. BPX 5646
SPRING HILL, FL 34611 US**New Principal Place of Business:****Current Mailing Address:**P.O. BPX 5646
SPRING HILL, FL 34611 US**New Mailing Address:****FEI Number:** 59-3246044**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**JENKINS, ALEXANDER S
11450 SINDEN DUNE
SPRING HILL, FL 34608**Name and Address of New Registered Agent:**CALTA, THOMAS
1327 FUCHSIA DRIVE
HOLIDAY, FL 34691

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: THOMAS CALTA

08/11/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 2VP () Delete
Name: ARMSTRONG, VIRGINIA
Address: 304 OAK LANE PASS
City-St-Zip: OCALA, FL 34472

Title: VD () Delete
Name: WISHIN, STEVE
Address: 5700 S. BARCO TERR.
City-St-Zip: INVERNESS, FL

Title: T () Delete
Name: MCMENEMY, THOMAS
Address: 11475 VILLA RD
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: BILLINGS, JUSTIN
Address: 6205 GLENWOOD DR
City-St-Zip: NEW PORT RICHEY, FL

Title: SD () Delete
Name: WENDELL, HAROLD
Address: 9341 PALM HAVEN CT
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 1VP (X) Change () Addition
Name: WENDELL, HAROLD
Address: 11505 BLOOMINGTON CT.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: 2VP (X) Change () Addition
Name: ARMSTRONG, VIRGINIA
Address: 304 OAK LANE PASS
City-St-Zip: OCALA, FL 34472

Title: TREA (X) Change () Addition
Name: ALBA, JOHN
Address: 11362 LONG HILL CT.
City-St-Zip: SPRING HILL, FL 34609

Title: SEC (X) Change () Addition
Name: BILLINGS, JUSTIN
Address: 6205 GLENWOOD DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: PRES (X) Change () Addition
Name: THOMAS, CALTA
Address: 1327 FUCHSIA DRIVE
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS CALTA

PRES

08/11/2004

Electronic Signature of Signing Officer or Director

Date