

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002056

FILED  
Mar 08, 2006  
Secretary of State

**Entity Name:** FLORIDA SUNCOAST CORRECTION N.Y.C. RETIREES, INC.

**Current Principal Place of Business:**

P.O. BOX 5646  
SPRING HILL, FL 34611 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 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 ( )**

**Name and Address of Current Registered Agent:**

CALTA, THOMAS  
1327 FUCHSIA DRIVE  
HOLIDAY, FL 34691 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: 1VP ( ) Delete  
Name: WENDELL, HAROLD  
Address: 11505 BLOOMINGTON CT.  
City-St-Zip: NEW PORT RICHEY, FL 34654

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

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

Title: SEC ( ) Delete  
Name: JENKINS, ALEX  
Address: 11450 LINDEN DRIVE  
City-St-Zip: SPRINGHILL, FL 34608

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

**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  
Name:  
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 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: THOMAS CALTA

PRES

03/08/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date