

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002056

FILED
Mar 23, 2009
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:

OPPEDISANO, NICHOLAS
306 GREENWICH CIRCLE
SPRING HILL, FL 34609 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: PRES () Delete
Name: OPPEDISANO, NICHOLAS
Address: 306 GREENWICH CIRCLE
City-St-Zip: SPRING HILL, FL 34609 US

Title: 1VP () Delete
Name: ARMSTRONG, VIRGINIA
Address: 304 OAK LANE PASS
City-St-Zip: OCALA, FL 34472 US

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

Title: SEC (X) Delete
Name: TORRES, EDWIN
Address: 1466 MICHELLE STREET
City-St-Zip: SPRINGHILL, FL 34609 US

Title: 2VP () Delete
Name: MONTEMANGO, AL
Address: 3496 HANGING MOSS LOOP
City-St-Zip: SPRING HILL, FL 34609 US

Title: SEC (X) Delete
Name: ALBANO, STEVE
Address: 231 DANDELION COURT
City-St-Zip: SPRING HILL, FL 34606 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: GALLO, ANGELO
Address: 12053 JADE AVENUE
City-St-Zip: SPRING HILL, FL 34609 US

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 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: NICHOLAS OPPEDISANO

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date