

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002122

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** SANTA'S COUNCIL FOR NEEDY & ABUSED CHILDREN INC.

**Current Principal Place of Business:**

2135 BAYOU DR SOUTH  
RUSKIN, FL 33570 US

**New Principal Place of Business:**

**Current Mailing Address:**

4846 SUN CITY CENTER  
PMB #271  
SUN CENTER, FL 33573 US

**New Mailing Address:**

**FEI Number:** 59-3242287      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CORYELL, WILLIAM J  
4846 SUN CITY CENTER  
PMB #271  
SUN CITY CENTER, FL 33573 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: PT ( ) Delete  
Name: CORYELL, KATHARINA G  
Address: 4846 SUN CITY CENTER BLVD. PMB #271  
City-St-Zip: SUN CITY CENTER, FL 33573 US

Title: TV ( ) Delete  
Name: SKELTON, ROY  
Address: 326 N. BELCHER  
City-St-Zip: CLEARWATER, FL 33765

Title: ST ( ) Delete  
Name: NIEBER, HEIDI  
Address: 8012 FORD PLACE  
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete  
Name: CORYEL, WILLIAM J  
Address: 4846 SUN CITY CENTER BLVD. PMB #271  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D ( ) Delete  
Name: NIEBER, WALTER  
Address: 8012 FORD PLACE  
City-St-Zip: TAMPA, FL

**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: KATHARINA G. CORYELL

P T

04/10/2006

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

\_\_\_\_\_  
Date