

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004872

FILED
Mar 28, 2007
Secretary of State

Entity Name: SUNCOAST YOGA TEACHERS ASSOCIATION, INC.

Current Principal Place of Business:

LIFEWORX YOGA STUDIO
1405A CLEVELAND ST
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

10216 REGAL DR
#606
SEMINOLE, FL 337744949 US

New Mailing Address:

FEI Number: 59-3310970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASE, JEAN W
10216 REGAL DR
APT. 606
SEMINOLE, FL 337744949 US

Name and Address of New Registered Agent:

WARF, JEAN
10216 REGAL DR
APT. 606
SEMINOLE, FL 337744949 US

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: JEAN CASE (NAME CHANGED TO JEAN WARF)

03/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTHA, ARRUDA
Address: 2049 BROADWAY
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: CASE, JEAN
Address: 10216 REGAL DRIVE APT #606
City-St-Zip: SEMINOLE, FL 33774

Title: T () Delete
Name: WASSERMAN, SUSAN
Address: 7015 GREVILLE AVE S.
City-St-Zip: S. PASADENA, FL 33707

Title: D () Delete
Name: BORCHERS, MARIAN N
Address: 17536 WILLOW POND DR
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: BRITTAIN, DENISE
Address: 555 5TH AVE., N
City-St-Zip: ST. PETERSBURG, FL 339012817

Title: D () Delete
Name: ABREU, PEGGY
Address: 4712 COACHMAN AVEN.
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WASSERMAN, SUSAN
Address: 7015 GREVILLE AVE S.
City-St-Zip: S. PASADENA, FL 33707

Title: D (X) Change () Addition
Name: WARF, JEAN
Address: 10216 REGAL DRIVE APT #606
City-St-Zip: SEMINOLE, FL 33774

Title: T (X) Change () Addition
Name: HORBERT, ANNA
Address: 13300 INDIAN ROCKS RD, # 602
City-St-Zip: LARGO, FL 33774

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: ANNA C, HORBERT

TREA

03/28/2007

Electronic Signature of Signing Officer or Director

Date