

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90016 012 ****61.25

DOCUMENT # N94000004872					
1. Entity Name SUNCOAST YOGA TEACHERS ASSOCIATION, INC.					
Principal Place of Business LIFEWORK YOGA STUDIO 1405A CLEVELAND ST CLEARWATER, FL 33755			Mailing Address 10216 REGAL DR #606 SEMINOLE, FL 33774-4949 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3310970	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WARF, JEAN 10216 REGAL DR APT. 606 SEMINOLE, FL 33774-4949			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME WASSERMAN, SUSAN STREET ADDRESS 7015 GREVILLE AVE S. CITY-ST-ZIP S. PASADENA, FL 33707	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WARF, JEAN STREET ADDRESS 10216 REGAL DRIVE APT #606 CITY-ST-ZIP SEMINOLE, FL 33774	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HORBERT, ANNA STREET ADDRESS 13300 INDIAN ROCKS RD, # 602 CITY-ST-ZIP LARGO, FL 33774	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BORCHERS, MARIAN N STREET ADDRESS 17536 WILLOW POND DR CITY-ST-ZIP LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS ADDRESS: 18724 LAKE TOLA RD CITY-ST-ZIP DADE CITY FL 33523-6117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BRITTAIN, DENISE STREET ADDRESS 555 5TH AVE., N CITY-ST-ZIP ST. PETERSBURG, FL 339012817	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS NAME & ADDRESS CHANGE CITY-ST-ZIP DENISE O'DUNN 735 17TH ST. N. ST. PETERSBURG FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ABREU, PEGGY STREET ADDRESS 4712 COACHMAN AVEN. CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Anna C. Horbert</i>			2/14/2008		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		