

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004872

FILED  
Mar 21, 2009  
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:

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

## Name and Address of New Registered Agent:

WARF, E. 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: E. JEAN WARF

03/21/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Delete  
Name: BORCHERS, MARIAN N  
Address: 18724 LAKE IOLA RD  
City-St-Zip: DADE CITY, FL 335236117

Title: D ( ) Delete  
Name: BRITAIN, DENISE  
Address: 735 17TH ST N  
City-St-Zip: SAINT PETERSBURG, FL 33713

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: SHIMER, BARBARA MS.  
Address: 14879 SEMINOLE TRAIL  
City-St-Zip: SEMINOLE, FL 33776 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:

Title: D (X) Change ( ) Addition  
Name: HOWE, WANDA  
Address: 8824 SEMINOLE BLVD  
City-St-Zip: SEMINOLE, FL 33778

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: ANNA C. HORBERT

T

03/21/2009

Electronic Signature of Signing Officer or Director

Date