

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004872

FILED  
Jan 24, 2011  
Secretary of State

Entity Name: SUNCOAST YOGA TEACHERS ASSOCIATION, INC.

## Current Principal Place of Business:

LIFEWORk YOGA STUDIO  
1405A CLEVELAND ST  
CLEARWATER, FL 33755

## New Principal Place of Business:

LIFEWORk YOGA STUDIO  
1223 CLEVELAND ST  
CLEARWATER, FL 33755

## Current Mailing Address:

10216 REGAL DR  
#606  
SEMINOLE, FL 337744949 US

## New Mailing Address:

7015 GREVILLA AVENUE SOUTH  
SOUTH PASADENA, FL 33707 US

FEI Number: 59-3310970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

WASSERMAN, SUSAN  
7015 GREVILLA AVENUE SOUTH  
SOUTH PASADENA, FL 33707 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: SUSAN WASSERMAN

01/24/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

Title: D  
Name: WASSERMAN, SUSAN MRS  
Address: 7014 GREVILLA AVENUE, SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707

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

Title: D  
Name: HOWE, WANDA  
Address: 8824 SEMINOLE BLVD  
City-St-Zip: SEMINOLE, FL 33778

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

I hereby 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 all other like empowered.

SIGNATURE: SUSAN WASSERMAN

DIR.

01/24/2011

Electronic Signature of Signing Officer or Director

Date