

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000006080

FILED
Oct 13, 2009
Secretary of State

Entity Name: SUNCOAST FOOTBALL COACHES ASSOCIATION OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

1300 SILVER EAGLE DR.
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

1300 SILVER EAGLE DR.
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 65-0616588 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HUDSON, ROBERT
1300 SILVER EAGLE DR.
TARPON SPRINGS, FL 34688 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: BOB HUDSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUDSON, ROBERT
Address: 4808 YELLOWSTONE DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP () Delete
Name: FABRIZIO, JOE
Address: 259 MADEIRA CIRCLE
City-St-Zip: TIERRE VERDE, FL 33715

Title: T () Delete
Name: ROPER, SAM
Address: 704 WILDING OAK CT.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S () Delete
Name: JALAZO, MICHAEL
Address: 1118TH AVE.N., APT D
City-St-Zip: ST. PETE, FL 33701

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:

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: BOB HUDSON

PRES

10/13/2009

Electronic Signature of Signing Officer or Director

Date