
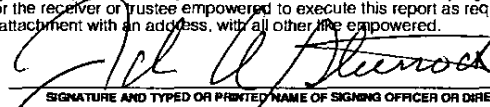


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90025 024 ****61.25

DOCUMENT # N95000002165			
1. Entity Name ENGLEWOOD, FL CHAPTER OF SPEBSQSA, INC.			
Principal Place of Business 1501 BEACH ROAD UNIT #209 ENGLEWOOD, FL 34223		Mailing Address 1501 BEACH ROAD UNIT #209 ENGLEWOOD, FL 34223	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent STURROCK, JOHN A 1501 BEACH ROAD UNIT #209 ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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, 2004		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	D	TITLE	SD
NAME	GENSKE, RICHARD	NAME	HOFT, ROBERT
STREET ADDRESS	433 YBOR W	STREET ADDRESS	7215 BROOKHAVEN TERR
CITY-ST-ZIP	VENICE, FL 342921360	CITY-ST-ZIP	ENGLEWOOD, FL 34224
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VO	TITLE	VD
NAME	SLIGHT, JOHN	NAME	SLIGHT, JOHN
STREET ADDRESS	5873 HARRISON POINT	STREET ADDRESS	5873 HARRISON ROAD
CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP	VENICE, FL 34293
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	PD
NAME	RAPP, DONALD F	NAME	CUNNINGHAM, PETER
STREET ADDRESS	1218 JEFFERSON DR	STREET ADDRESS	108 MAGNOLIA AVE
CITY-ST-ZIP	ENGLEWOOD, FL 342244618	CITY-ST-ZIP	NOKOMIS, FL 34275
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD	TITLE	
NAME	STURROCK, JOHN A	NAME	
STREET ADDRESS	1501 BEACH RD #209	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 342235800	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	TITLE	
NAME	WALLACE, DOUGLAS	NAME	
STREET ADDRESS	1751 BEACH ROAD #207	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	LINDBERG, CHARLES	NAME	
STREET ADDRESS	7499 SPINAKE BLVD	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 342248222	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 officers empowered.			
SIGNATURE: 		Date: 3/18/04	Daytime Phone #: 941-475-2175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

54020613



01052004 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0466469** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required