


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90040 019 \*\*\*\*61.25

<b>DOCUMENT # N95000002165</b> 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	4. FEI Number 65-0466469	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STURROCK, JOHN A				Name	
1501 BEACH ROAD				Street Address (P.O. Box Number is Not Acceptable)	
UNIT #209					
ENGLEWOOD, FL 34223				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFT, ROBERT		NAME	CUNNINGHAM, ROBERT	
STREET ADDRESS	7215 BROOKHAVEN TERR.		STREET ADDRESS	934 INAGUA W.	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	VENICE, FL 34292	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLIGHT, JOHN		NAME		
STREET ADDRESS	5873 HARRISON POINT		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, PETER		NAME		
STREET ADDRESS	108 MAGNOLIA AVE.		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURROCK, JOHN A		NAME		
STREET ADDRESS	1501 BEACH RD #209		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 342235800		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, DOUGLAS		NAME	THOMPSON, JOHN	
STREET ADDRESS	1751 BEACH ROAD #207		STREET ADDRESS	401 BLACKBURN BLVD	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDBERG, CHARLES		NAME	MESSNER, EDWARD	
STREET ADDRESS	7499 SPINAVER BLVD		STREET ADDRESS	669 FOXWOOD BLVD.	
CITY-ST-ZIP	ENGLEWOOD, FL 342248222		CITY-ST-ZIP	ENGLEWOOD, FL 34223	
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 like empowered.					
<b>SIGNATURE:</b> <i>John A. Sturrock</i> <b>JOHN A. STURROCK</b> 2/19/05 941-475-2175					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					