

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002165

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: ENGLEWOOD, FL CHAPTER OF SPEBSQSA, INC.

**Current Principal Place of Business:**

1501 BEACH ROAD  
UNIT #209  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

1501 BEACH ROAD  
UNIT #209  
ENGLEWOOD, FL 34223

**New Mailing Address:**

FEI Number: 65-0466469      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STURROCK, JOHN A  
1501 BEACH ROAD  
UNIT #209  
ENGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FENTON, TIMOTHY  
Address: 4224 VICENZA DR., UNIT B  
City-St-Zip: VENICE, FL 34293

Title: VD ( ) Delete  
Name: SLIGHT, JOHN  
Address: 5873 HARRISON POINT  
City-St-Zip: VENICE, FL 34293

Title: SD ( ) Delete  
Name: TEUTENBERG, JAY  
Address: 731 CARNOUSTIE TERRACE  
City-St-Zip: VENICE, FL 34293

Title: TD ( ) Delete  
Name: STURROCK, JOHN A  
Address: 1501 BEACH RD #209  
City-St-Zip: ENGLEWOOD, FL 342235800

Title: VD ( ) Delete  
Name: THOMPSON, JOHN  
Address: 401 BLACKBURN BLVD  
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete  
Name: MESSNER, EDWARD  
Address: 669 FOXWOOD BLVD  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LINDBERG, CHARLES  
Address: 7499 SPINNAKER BLVD  
City-St-Zip: ENGLEWOOD, FL 34224

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: JOHN A. STURROCK

TD

02/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date