


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000003946 1. Entity Name INSTITUTE OF NOETIC SCIENCE'S SUNCOAST COMMUNITY GROUP, INC.	
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Principal Place of Business 1100 NORTH SHORE DR NE #302 ST PETERSBURG, FL 33701 US	Mailing Address 11725 WOODBRIDGE BLVD SEMINOLE, FL 33772 US
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DO NOT WRITE IN THIS SPACE

02132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3348885	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KLEITSCH, SHARON JOY 1100 NORTH SHORE DRIVE NE #302 ST PETERSBURG, FL 33701
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**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, SUE 1100 N WESTSHORE DR NE 105 SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPI, LINDA 11725 WOODBRIDGE BLVD SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARMORE, MARY K. 6860 GULFPORT BLVD.#820 ST. PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/11/08-80001-018 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Linda Campi **LINDA CAMPI** 2/25/08 727-397-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #