

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005561

FILED
Jun 24, 2009
Secretary of State

Entity Name: SUNCOAST CHAPTER OF THE NATIONAL ACADEMY OF TELEVISION ARTS AND SCIENCES, INC.

Current Principal Place of Business:

10385 RUE VENDOME
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 840738
PEMBROKE PINES, FL 33084

New Mailing Address:

FEI Number: 65-0920090 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

RICE, ARTHUR HALSEY ESQ.
101 NE THIRD AVENUE
SUITE 1800
FORT LAUDERDALE, FL 33301 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRESS, WILLIAM
Address: 18128 SW 24TH STREET
City-St-Zip: MIRAMAR, FL 33029 US

Title: VD () Delete
Name: GAME, DAVE
Address: 8900 NW 19TH TERRACE
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: BEHRENS, ROBERT
Address: 2420 DEER CREEK CC BLVD., #309-D
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: T () Delete
Name: BEHRENS, ELIZABETH
Address: 2420 DEER CREEK CC BLVD., #309-D
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: S () Delete
Name: MACDONALD, KARLA
Address: 10385 RUE VENDOME
City-St-Zip: PEMBROKE PINES, FL 33026 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GAME, DAVE
Address: 8900 NW 18 TERRACE
City-St-Zip: MIAMI, FL 33172 US

Title: VD (X) Change () Addition
Name: RICHARDS, CHIP
Address: 16419 SAPPHIRE PLACE
City-St-Zip: WESTON, FL 33331

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: ELIZABETH BEHRENS

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06/24/2009

Electronic Signature of Signing Officer or Director

Date