

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002403

FILED
Jan 09, 2009
Secretary of State

Entity Name: SUGAR CREEK ENTRANCE, INC.

Current Principal Place of Business:

12718 SUGAR CREEK BLVD
HUDSON, FL 34669

New Principal Place of Business:

Current Mailing Address:

12718 SUGAR CREEK BLVD
HUDSON, FL 34669

New Mailing Address:

FEI Number: 59-3377184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGLIS, JOHN S
C/O SHUMAKER, LOOP & KENDRICK
101 E KENNEDY BLVD, SUITE 2800
TAMPA, FL 33602 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: D () Delete
Name: HALE, LOUISE
Address: 13048 PINNACLE LANE
City-St-Zip: HUDSON, FL 34669

Title: D () Delete
Name: BRANCHE, NOLA
Address: 12718 SUGAR CREEK BLVD
City-St-Zip: HUDSON, FL 34609

Title: D () Delete
Name: BRANCHE, CALVIN
Address: 12718 SUGAR CREEK BLVD
City-St-Zip: HUDSON, FL 34669

Title: D () Delete
Name: ROGERS, CAROLYN
Address: 12656 SHADOW RIDGE BLVD
City-St-Zip: HUDSON, FL 34669

Title: D () Delete
Name: MILLER, VICTORIA
Address: 13033 SUSAN CREEK BLVD
City-St-Zip: HUDSON, FL 34669

Title: D () Delete
Name: JENKINS, JOHN
Address: 12427 SMOKEY DRIVE
City-St-Zip: HUDSON, FL 34669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: D (X) Change () Addition
Name: MILLER, VICTORIA
Address: 12518 HOLLYBROOK LN.
City-St-Zip: HUDSON, FL 34669

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: NOLA H. BRANCHE

MRS

01/09/2009

Electronic Signature of Signing Officer or Director

Date