

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003148

FILED
Apr 28, 2006
Secretary of State

Entity Name: SUNCOAST BLUES SOCIETY, INC.

Current Principal Place of Business:

6507 RANGER DRIVE
TAMPA, FL 33615

New Principal Place of Business:

825 51ST AVE. N.
ST. PETERSBURG, FL 33703

Current Mailing Address:

POST OFFICE BOX 4232
TAMPA, FL 33677

New Mailing Address:

FEI Number: 59-3514378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LSK, LAWRENCE
6507 RANGER DRIVE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

TORVIK, KEN
825 51ST AVE. N.
ST. PETERSBURG, FL 33703 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: KEN TORVIK

04/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PED () Delete
Name: LISK, LAWRENCE
Address: 6507 RANGER DRIVE
City-St-Zip: TAMPA, FL 33615

Title: VD () Delete
Name: GRAHAM, TIM
Address: 439 BELLINI CIRCLE
City-St-Zip: NOKOMIS, FL 34275

Title: TS () Delete
Name: WALKER, SHARON
Address: 3309 STANLEY RD
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: TORVIK, KEN
Address: 825 51ST AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33703

Title: VP (X) Change () Addition
Name: WILLETT, GEORGE
Address: 8913 SHELDONWEST DR.
City-St-Zip: TAMPA, FL 33626

Title: T/S (X) Change () Addition
Name: WALKER, SHARON
Address: 3309 STANLEY RD.
City-St-Zip: PLANT CITY, FL 33565

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON WALKER

T/S

04/28/2006

Electronic Signature of Signing Officer or Director

Date