


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90077 041 ****61.25

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # N99000000605 1. Entity Name THIEVES OF SAN LORENZO, INC. | | | |  | |
| Principal Place of Business P.O. BOX 5796 CLEARWATER, FL 33758 | | | Mailing Address P.O. BOX 5796 CLEARWATER, FL 33758 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3563128 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| FRIEDMAN, LOUISE M 4247 11 AVENUE N SAINT PETERSBURG, FL 33713 | | | | Name CHERYL HATHORN Street Address (P.O. Box Number is Not Acceptable) _____ 2027 DIPLOMAT DR City CLEARWATER FL Zip Code 33764 | |
| 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 <i>Cheryl Hathorn</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 4/3/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FRIEDMAN, LOUISE 4247 11 AVENUE N SAINT PETERSBURG, FL 33713 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECT. SUE ETTER 7281 123rd ST. N. SEMINOLE, FL 33772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S VALDEZ, JULIE 13867 FEATHER SOUND DR. CLEARWATER, FL 33762 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SOA LW PYLE 830 HICKORY LN. PALM HARBOR, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HATHORN, CHERYL 2027 DIPLOMAT DR. CLEARWATER, FL 337643770 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JILL VANDERKAM 413 GLEN RIDGE AVE TEMPLE TERRACE, FL 33617 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SP PRESIDENT BUNCE, LAURIE 12523 136TH LANE N LARGO, FL 33774 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SOA BARFIELD, LYNN 7865 CAUSEWAY BLVD N SAINT PETERSBURG, FL 33707 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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:

Laurie Bunce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07
Date

Daytime Phone #