

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90446 039 \*\*\*\*61.25

**DOCUMENT # N99000001741**

1. Entity Name  
**SUNCOAST TRAILBLAZERS, INC.**



Principal Place of Business  
**6737 1ST AVENUE SOUTH  
ST. PETERSBURG, FL 33707**

Mailing Address  
**6737 1ST AVENUE SOUTH  
ST. PETERSBURG, FL 33707**

40000000



04052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0911281**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BAILEY, JOHN P  
6737 1ST AVENUE SOUTH  
ST. PETERSBURG, FL 33707**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTIAN, THERESE M 6199 94TH AVENUE NORTH PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAILEY, JOHN P 7012 GREENBRIER DRIVE SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEEFE, RICHARD J ESQ 119 108TH AVE, BOX 105 TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSH, GHOUCEE 304 SOUTH BEKHER ROAD CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILLOTSON, DAVID 4837 CENTRAL AVENUE SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John P. Bailey Pres.* 4/25/07 727-381-5707