

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000003679

1. Entity Name
SUNCOAST CLASSIC SPORTS ASSOCIATION, INC.



Principal Place of Business
**1322 DOROTHY DRIVE
CLEARWATER, FL 33764**

Mailing Address
**1322 DOROTHY DRIVE
CLEARWATER, FL 33764**



05082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3583407

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VEGHTE, JOHN WJR.
1322 DOROTHY DRIVE
CLEARWATER, FL 33764**

**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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **VEGHTE, JOHN**
STREET ADDRESS **1322 DOROTHY DR**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **D**
NAME **VEGHTE, DAVID**
STREET ADDRESS **14336 MOONFLOWER DR**
CITY-ST-ZIP **TAMPA, FL 33628**

TITLE **D**
NAME **PETITTA, JOE**
STREET ADDRESS **6 OAKLEAF CT**
CITY-ST-ZIP **SAFETY HARBOR, FL 34895**

TITLE **D**
NAME **VEGHTE, RICHARD**
STREET ADDRESS **1201 WOODCREST AVE**
CITY-ST-ZIP **CLEARWATER, FL 33758**

TITLE **D**
NAME **LOVE, ROBERT**
STREET ADDRESS **3314 HAVILAND CT 204**
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **D**
NAME **HILL, LARRY**
STREET ADDRESS **6004 114TH AVE N**
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

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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:

John Veghte
JOHN VEGHTE

5/14/08

727-530-4026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #