
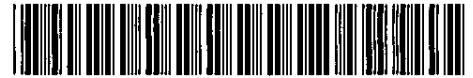


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000004381</b> 1. Entity Name <b>SUNCOAST PARTNERSHIP TO END HOMELESSNESS, INC.</b>	
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Principal Place of Business 1445 2ND STREET SARASOTA FL 34236	Mailing Address 1445 2ND STREET SARASOTA FL 34236
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E037 (10/06)

4. FEI Number <b>20-2783762</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  WILSON, MICHAEL J 200 S. ORANGE AVENUE SARASOTA FL 34236	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	COB <input type="checkbox"/> Delete
NAME	MARTIN, RICHARD
STREET ADDRESS	2340 BRADENTON RD APT 2
CITY-STATE-ZIP	SARASOTA FL 34234
TITLE	VC <input type="checkbox"/> Delete
NAME	CORYEA, CHERI
STREET ADDRESS	MANATEE CTY COMM. SRVS/POB 1000
CITY-STATE-ZIP	BRADENTON FL 34206
TITLE	VC <input type="checkbox"/> Delete
NAME	ROGERS, ROBERT JR
STREET ADDRESS	MANATEE CTY HSING AUTH./ 5631 11TH ST E
CITY-STATE-ZIP	BRADENTON FL 34203
TITLE	T <input type="checkbox"/> Delete
NAME	LITTLE, WILLIAM
STREET ADDRESS	HLTH & HUMAN SRVS/POB 2658
CITY-STATE-ZIP	SARASOTA FL 34230
TITLE	S <input type="checkbox"/> Delete
NAME	TANNER, MAJOR B
STREET ADDRESS	SALVATION ARMY SARASOTA CORP/POB 2792
CITY-STATE-ZIP	SARASOTA FL 34230
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000639028
STREET ADDRESS	02/28/07-80003-021 61.25
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and 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:** Adrienne B. Laze      **ADRIENNE B. LAZE**      02/12/07 941.955.8987