


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90073 001 \*\*\*\*61.25

DOCUMENT # N98000004460			
1. Entity Name SUNCOAST SCHOOL FOR INNOVATIVE STUDIES, INC.			
Principal Place of Business 1300 SOUTH TUTTLE AVENUE SARASOTA, FL 34239		Mailing Address 1300 SOUTH TUTTLE AVENUE SARASOTA, FL 34239	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 65-0854393		Applied For Not Applicable	
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	
J. GEOFFREY PFLUGNER 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JODHAN, NICHOLAS	NAME	
STREET ADDRESS	7342 FEATHERSTONE BLVD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMESLER, PHILLIP	NAME	
STREET ADDRESS	873 SIMMONS AVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, CYNTHIA	NAME	
STREET ADDRESS	1260 FIFTH ST	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUDWORTH, ALLEN L	NAME	
STREET ADDRESS	7333 SCOTLAND WAY #1306	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROMMHOLZ, PHIL	NAME	
STREET ADDRESS	4851 OAK POINTE WAY	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34233	CITY-ST-ZIP	
TITLE		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Linda Patterson
STREET ADDRESS		STREET ADDRESS	5732 Whistlewood Circle
CITY-ST-ZIP		CITY-ST-ZIP	Sarasota, FL 34232
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: _____		Date: 1/15/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Nicholas Jodhan		Daytime Phone #: 941-952-5277	