

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000005647

1. Entity Name  
SUNCOAST NEIGHBORHOOD TASK FORCE, INC.



Principal Place of Business

SUNCOAST NEIGHBORHOOD TASK FORCE INC.  
2020 LAKEVILLE DR.  
N. FT. MYERS, FL 33917

Mailing Address

SUNCOAST NEIGHBORHOOD TASK FORCE INC.  
2020 LAKEVILLE DR.  
N. FT. MYERS, FL 33917



01122004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILLESPIE, SUSAN  
2020 LAKEVILLE DR.  
N. FT. MYERS, FL 33917

**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

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

(NOTE, Registered Agent signature required when reinstating)

DATE

*2-24-04*

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILLESPE, JAMES
STREET ADDRESS	C/O 2020 LAKEVILLE DR.
CITY-ST-ZIP	N. FT. MYERS, FL 33917
TITLE	D
NAME	CARVER, JOHN
STREET ADDRESS	C/O 2020 LAKEVILLE DR.
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	DS
NAME	GILLESPIE, SUSAN
STREET ADDRESS	C/O 2020 LAKEVILLE DR.
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	DT
NAME	TENALIO, DOMENIC
STREET ADDRESS	C/O 2020 LAKEVILLE DR.
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000080772  
03/08/04-80122-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Susan Gillespie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-24-04 239-731-2003*