

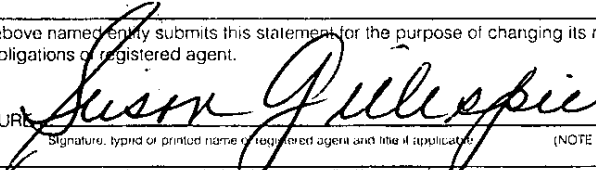


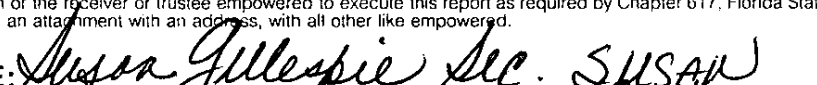
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90314 012 ****70.00

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	
2. Principal Place of Business 7656 Hart Dr N. Ft. Myers FL		3. Mailing Address Suncoast Neighborhood Task Force Inc. 7656 Hart Dr N. Ft. Myers FL 33917			
Suite, Apt. #, etc. N. Ft. Myers FL		Suite, Apt. #, etc. 7656 Hart Dr		1st MOORE CR2E037 (10/05)	
City & State N. Ft. Myers FL		City & State N. Ft. Myers FL 33917		FEI Number NO-T APPLICABLE	
Zip 33917		Country LEE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILLESPIE, SUSAN 2020 LAKEVILLE DR. N. FT. MYERS FL 33917				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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:  <div style="display: flex; justify-content: space-between; font-size: small;"> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	D GILLESPE, JAMES C/O 2020 LAKEVILLE DR. N. FT. MYERS FL 33917		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARVER, JOHN C/O 2020 LAKEVILLE DR. NORTH FORT MYERS FL 33917		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GILLESPIE, SUSAN C/O 2020 LAKEVILLE DR. NORTH FORT MYERS FL 33917		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT TENALIO, DOMENIC C/O 2020 LAKEVILLE DR. NORTH FORT MYERS FL 33917		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Sec. SUSAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/25/06 Daytime Phone #: 239-731-9838