

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

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90015 026 ****61.25



DOCUMENT # N00000095647-

1. Entity Name

SUNCOAST NEIGHBORHOOD TASK FORCE, INC.

Principal Place of Business

7656 HART DR
 NORTH FORT MYERS FL 33917

Mailing Address

SUNCOAST NEIGHBORHOOD TASK FORCE INC.
 7656 HART DR
 N. FT. MYERS FL 33917



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$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: D Delete
 NAME: GILLESPE, JAMES
 STREET ADDRESS: C/O 2020 LAKEVILLE DR.
 CITY - ST - ZIP: N. FT. MYERS FL 33917

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: D Delete
 NAME: GARVER, JOHN
 STREET ADDRESS: C/O 2020 LAKEVILLE DR.
 CITY - ST - ZIP: NORTH FORT MYERS FL 33917

TITLE: Change Addition
 NAME: *Fred Bunnells CO-CHAIR (REPS)*
 STREET ADDRESS: *7807 Mc Daniels Dr*
 CITY - ST - ZIP: *NFTMYERS FL 33917*

TITLE: DS Delete
 NAME: GILLESPIE, SUSAN
 STREET ADDRESS: C/O 2020 LAKEVILLE DR.
 CITY - ST - ZIP: NORTH FORT MYERS FL 33917

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: DT Delete
 NAME: TENALIO, DOMENIC
 STREET ADDRESS: C/O 2020 LAKEVILLE DR.
 CITY - ST - ZIP: NORTH FORT MYERS FL 33917

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: Change Addition
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TITLE: Delete
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 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

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:

Susan Gillespie

2/22/07 239-731-9838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #