

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005647

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** SUNCOAST NEIGHBORHOOD TASK FORCE, INC.

**Current Principal Place of Business:**

7656 HART DR  
NORTH FORT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 94-3415530      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GILLESPE, JAMES  
Address: C/O 2020 LAKEVILLE DR.  
City-St-Zip: N. FT. MYERS, FL 33917

Title: CC ( ) Delete  
Name: RUNNELLS, FRED  
Address: 7887 MCDANIELS DR.  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DS ( ) Delete  
Name: GILLESPIE, SUSAN  
Address: C/O 2020 LAKEVILLE DR.  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DT ( ) Delete  
Name: TENALIO, DOMENIC  
Address: C/O 2020 LAKEVILLE DR.  
City-St-Zip: NORTH FORT MYERS, FL 33917

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES GILLESPIE

D

03/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date