

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769919

Entity Name: SUNCOASTERS OF ST. PETERSBURG FOUNDATION, INC.**Current Principal Place of Business:**100 SECOND AVENUE NORTH
SUITE 150
ST. PETERSBURG, FL 33701**Current Mailing Address:**P O BOX 1731
ST PETERSBURG, FL 33731-1731 US**FEI Number:** 59-2318048**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATT BISSET
100 SECOND AVENUE NORTH
SUITE 150
ST. PETERSBURG, FL 33701 US*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**Officer/Director Detail :**

Title	VP
Name	HOUSTON, DEREK
Address	100 SECOND AVENUE NORTH SUITE 150
City-State-Zip:	ST. PETERSBURG FL 33701

Title	PRES
Name	LANG, BOB
Address	100 SECOND AVENUE NORTH SUITE 150
City-State-Zip:	ST. PETERSBURG FL 33701

Title	PE
Name	GUSTAFSON, KIM
Address	100 SECOND AVENUE NORTH SUITE 150
City-State-Zip:	ST. PETERSBURG FL 33701

Title	SEC
Name	BRAINARD, SCOTT
Address	100 SECOND AVENUE NORTH SUITE 150
City-State-Zip:	ST. PETERSBURG FL 33701

Title	TR
Name	ROSS, ROGER
Address	100 SECOND AVENUE NORTH SUITE 150
City-State-Zip:	ST. PETERSBURG FL 33701

Title	VP
Name	GAIRING, ASHLEY
Address	100 SECOND AVENUE NORTH SUITE 150
City-State-Zip:	ST. PETERSBURG FL 33701

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY GUSTAFSON

PE

03/09/2016

Electronic Signature of Signing Officer/Director Detail_____
Date