

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005647

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

**Current Principal Place of Business:**

2241 CASE LANE  
NORTH FORT MYERS, FL 33917

**Current Mailing Address:**

SUNCOAST NEIGHBORHOOD TASK FORCE INC.  
2241 CASE LANE  
N. FT. MYERS, FL 33917

**FEI Number:** 94-3415530

**Certificate of Status Desired:** No

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

GILLESPIE, JAMES W  
2020 LAKEVILLE DR.  
N. FT. MYERS, FL 33917 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:** JAMES W. GILLESPIE

02/19/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name GILLESPIE, JAMES W  
Address 2020 LAKEVILLE DRIVE  
City-State-Zip: N. FT. MYERS FL 33917

Title CC  
Name SIMPSON, TROY J  
Address 8160 MCDANIEL DRIVE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title DS  
Name LAWRENCE, CHARLENE  
Address 8153 HART DR.  
City-State-Zip: NORTH FORT MYERS FL 33917

Title DT  
Name HOBSON, SUZANN  
Address 8575 MORGAN JONES  
City-State-Zip: NORTH FORT MYERS FL 33917

*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:** SUZANN HOBSON

**TREASURER**

02/19/2014

Electronic Signature of Signing Officer/Director Detail

Date