#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004381

Entity Name: SUNCOAST PARTNERSHIP TO END HOMELESSNESS, INC.

FILED Feb 16, 2018 Secretary of State CC8609067224

## **Current Principal Place of Business:**

1750 17TH STREET K-1 BUILDING SARASOTA, FL 34234

# **Current Mailing Address:**

1750 17TH STREET K-1 BUILDING SARASOTA, FL 34234

FEI Number: 20-2783762 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

CROSS STREET CORPORATE SERVICES, LLC 200 S. ORANGE AVENUE SARASOTA, FL 34236 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: JACKIE MCNEIL AS AGENT 02/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Address

Title CHAIRMAN Title VC

Name SMITH, RITA Name GORELICK, PHILIP

Address COLDWELL BANKER RESIDENTIAL Address 856 FORESTVIEW DRIVE

REAL ESTATE 1411 10TH AVE. EAST

City-State-Zip: PALMETTO FL 34221

Title CEO, BOARD SECRETARY

City-State-Zip:

SARASOTA FL 34232

Title TREASURER Name DEMARCO, EDWARD

Name WAGNER, BEN Address 1750 17TH STREET

Name WAGNER, BEN Address 1750 17TH STR K-1 BUILDING

SARASOTA YACHT CLUB

1100 JOHN RINGLING BLVD. City-State-Zip: SARASOTA FL 34234

City-State-Zip: SARASOTA FL 34236 Title DIRECTOR

Title DIRECTOR Name KLEBER, ALI

Name FREELAND EDDIE, SHELLI Address 4735 VILLAGE GARDENS DRIVE

Address CITY OF SARASOTA City-State-Zip: SARASOTA FL 34234 1565 1ST STREET ROOM 101

City-State-Zip: SARASOTA FL 34236 Title DIRECTOR

Name LUNDY, DANIEL F.

Title DIRECTOR Address 5855 MIDNIGHT PASS ROAD

Name LARKIN-SKINNER, MELISSA #528

Address CENTERSTONE OF FLORIDA City-State-Zip: SARASOTA FL 34242

2020 26TH AVE. E.

City-State-Zip: BRADENTON FL 34208 Continues on page 2

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: EDWARD DEMARCO CEO 02/16/2018

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR Name MOORE, DAVID Name SUTTON, PAUL

Address 2824 LOUISE STREET Address SARASOTA COALITION ON

SUBSTANCE ABUSE 2340 COLSON AVENUE City-State-Zip: SARASOTA FL 34237

City-State-Zip: SARASOTA FL 34234