## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004381

Entity Name: SUNCOAST PARTNERSHIP TO END HOMELESSNESS, INC.

**FILED** Jan 23, 2015 **Secretary of State** CC6665085110

## **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 01/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

Name

Title **CHAIRMAN** Title VC

GRABER, ELISA MACHADO, SHAWNA Name Name

Address **IBERIABANK** Address SAFE CHILDREN COALITION OF

SARASOTA COUNTY 1718 MAIN STREET

1500 INDEPENDENCE BLVD. SUITE SARASOTA FL 34236

City-State-Zip: SARASOTA FL 34234 Title VC

MCLAUGHLIN, ELLEN Name **TREASURER** Title

SARASOTA FAMILY YMCA Address CROMBIE, JACQUELINE Name

4430 BENEVA ROAD Address CATHOLIC CHARITIES DIOCESE OF City-State-Zip:

SARASOTA FL 34233 VENICE, INC.

5055 NORTH TAMIAMI TRAIL

**EXECUTIVE DIRECTOR AND** Title City-State-Zip: SARASOTA FL 34234 SECRETARY

Address 1750 17TH STREET

LOVELESS, LESLIE B.

K-1 BUILDING

City-State-Zip: SARASOTA FL 34234

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.

01/23/2015 SIGNATURE: LESLIE LOVELESS **EXECUTIVE DIRECTOR**