2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004381

Entity Name: SUNCOAST PARTNERSHIP TO END HOMELESSNESS, INC.

FILED Mar 03, 2020 Secretary of State 4049138420CC

Current Principal Place of Business:

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

Current Mailing Address:

1750 17TH STREET C-1 BUILDING

SARASOTA, FL 34234 US

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

Name and Address of Current Registered Agent:

DEMARCO, EDWARD 1750 17TH STREET C-1 BUILDING

SARASOTA, FL 34234 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

03/03/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Name

Address

City-State-Zip:

Title Title CHAIRMAN

856 FORESTVIEW DRIVE Address COLDWELL BANKER RESIDENTIAL Address

REAL ESTATE

1411 10TH AVE. EAST

PALMETTO FL 34221 City-State-Zip:

SMITH, RITA

Title DIRECTOR

Name FREELAND EDDIE, SHELLI CEO, BOARD SECRETARY Title

CITY OF SARASOTA JOHNSON, CHRISTOPHER Address Name

1565 1ST STREET ROOM 101 1750 17TH STREET City-State-Zip: SARASOTA FL 34236

Name

City-State-Zip:

GORELICK, PHILIP

SARASOTA FL 34232

CHIEF EXECUTIVE

OFFICER

C-1 BUILDING

City-State-Zip: SARASOTA FL 34234

SIGNATURE: CHRISTOPHER JOHNSON

Title DIRECTOR

Name MOORE, DAVID Title DIRECTOR

LUNDY, DANIEL F. Address 2824 LOUISE STREET Name

City-State-Zip: SARASOTA FL 34237 Address 5855 MIDNIGHT PASS ROAD

#528

Title **DIRECTOR** City-State-Zip: SARASOTA FL 34242

Name PORETSKY, MARTIN Title **DIRECTOR**

Address 3040 GRAND BAY BLVD. FIELDS, PAMELA Name 273

LONGBOAT KEY FL 34228 City-State-Zip: Address 1900 MAIN STREET SUITE 302

> SARASOTA FL 34236 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.

Electronic Signature of Signing Officer/Director Detail

03/03/2020

Officer/Director Detail Continued:

Title DIRECTOR

Name REGNIER, ANGELA

Address 2155 MAIN STREET

City-State-Zip: SARASOTA FL 34236

Title DIRECTOR

Address

Name RICHKER, MICHAEL

City-State-Zip: UNIVERSITY PARK FL 34201

7618 HEATHFIELD COURT

Title DIRECTOR

Name SERVIA, MISTY

Address PO BOX 1000

City-State-Zip: BRADENTON FL 34206