

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004381

Entity Name: SUNCOAST PARTNERSHIP TO END HOMELESSNESS, INC.**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 SOUTH 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

02/06/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	LOVELESS, LESLIE B.
Address	1750 17TH ST, K-1 BUILDING
City-State-Zip:	SARASOTA FL 34234

Title	C
Name	COLLINS, CAROLYN
Address	50 CENTRAL AVENUE
City-State-Zip:	SARASOTA FL 34236

Title	VC
Name	MASON, CAROLYN
Address	1660 RINGLING BLVD.
City-State-Zip:	SARASOTA FL 34236

Title	VC
Name	MCLAUGHLIN, ELLEN
Address	4430 BENEVA RD.
City-State-Zip:	SARASOTA FL 34233

Title	T
Name	LYNCH, LAUREL
Address	P.O. BOX 1624
City-State-Zip:	BRADENTON FL 34206

Title	S
Name	GINSKY, ANDREA
Address	1660 RINGLING BLVD., 5TH FLOOR
City-State-Zip:	SARASOTA FL 34236

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: LESLIE LOVELESSINTERIM EXECUTIVE
DIRECTOR

02/06/2013

Electronic Signature of Signing Officer/Director Detail

Date