

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004381

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**7131781798CC**

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

**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:** EDWARD DEMARCO

02/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name SMITH, RITA  
Address COLDWELL BANKER RESIDENTIAL  
REAL ESTATE  
1411 10TH AVE. EAST  
City-State-Zip: PALMETTO FL 34221

Title TREASURER  
Name WAGNER, BEN  
Address SARASOTA YACHT CLUB  
1100 JOHN RINGLING BLVD.  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name FREELAND EDDIE, SHELLI  
Address CITY OF SARASOTA  
1565 1ST STREET ROOM 101  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name LUNDY, DANIEL F.  
Address 5855 MIDNIGHT PASS ROAD  
#528  
City-State-Zip: SARASOTA FL 34242

Title VC  
Name GORELICK, PHILIP  
Address 856 FORESTVIEW DRIVE  
City-State-Zip: SARASOTA FL 34232

Title CEO, BOARD SECRETARY  
Name DEMARCO, EDWARD  
Address 1750 17TH STREET  
C-1 BUILDING  
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR  
Name KLEBER, ALI  
Address 4735 VILLAGE GARDENS DRIVE  
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR  
Name MOORE, DAVID  
Address 2824 LOUISE STREET  
City-State-Zip: SARASOTA FL 34237

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*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

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SUTTON, PAUL  
Address        SARASOTA COALITION ON SUBSTANCE ABUSE  
                 2340 COLSON AVENUE  
City-State-Zip: SARASOTA FL 34234