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

DOCUMENT# N05000004381

Entity Name: SUNCOAST PARTNERSHIP TO END HOMELESSNESS, INC.

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

#### **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

> Date Electronic Signature of Registered Agent

> > Title

DIRECTOR

Officer/Director Detail:

Address

Title **CHAIRMAN** Title VC

Name SMITH, RITA Name GORELICK, PHILIP

COLDWELL BANKER RESIDENTIAL 856 FORESTVIEW DRIVE Address Address

**REAL ESTATE** 

City-State-Zip: SARASOTA FL 34232 1411 10TH AVE. EAST

PALMETTO FL 34221 City-State-Zip: Title CEO, BOARD SECRETARY

Name DEMARCO, EDWARD Title **TREASURER** 

1750 17TH STREET Address WAGNER, BEN Name

C-1 BUILDING SARASOTA YACHT CLUB

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

SARASOTA FL 34236 City-State-Zip:

Name KLEBER. ALI Title DIRECTOR

FREELAND EDDIE, SHELLI Address 4735 VILLAGE GARDENS DRIVE Name

City-State-Zip: SARASOTA FL 34234 Address CITY OF SARASOTA

1565 1ST STREET ROOM 101 Title **DIRECTOR** City-State-Zip: SARASOTA FL 34236

MOORE, DAVID Name

Title **DIRECTOR** Address 2824 LOUISE STREET

LUNDY, DANIEL F. Name

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

#528

Continues on page 2 City-State-Zip: SARASOTA FL 34242

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.

02/12/2019 SIGNATURE: EDWARD DEMARCO CEO

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