

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005722

Entity Name: SUNCOAST BUSINESS MASTERS, INC.**Current Principal Place of Business:**TUSCANY ON THE MEADOWS
350 E. NORVELL BRYANT HWY. (486)
HERNANDO, FL**Current Mailing Address:**P.O. BOX 1292
CRYSTAL RIVER, FL 34423 US**FEI Number:** 80-0825576**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOGARTY, SUSAN C
408 LAKE STREET
INVERNESS, FL 34450 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CLARK, JERILLYN
Address 2027 N. DONOVAN AVE., STE. B
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR
Name FULLERTON, SUSAN
Address 10344 S EVANS STREET
City-State-Zip: INVERNESS FL 34452

Title SECRETARY
Name ROWTHORN, AMANDA
Address 7070 W. GULF TO LAKE HWY.
City-State-Zip: CRYSTAL RIVER FL 34429

Title PRESIDENT
Name WILSON, LORA
Address 408 LAKE STREET
City-State-Zip: INVERNESS FL 34450

Title DIRECTOR
Name SWART, ERIC
Address PO BOX 2613
City-State-Zip: CRYSTAL RIVER FL 34423

Title TREASURER
Name DEWEESE, CONNIE
Address 450 PLEASANT GROVE ROAD
City-State-Zip: INVERNESS FL 34452

Title PAST PRESIDENT
Name SCOTT, DEBBIE
Address 9199 N GOLFVIEW DRIVE
City-State-Zip: CITRUS SPRINGS FL 34434

Title DIRECTOR
Name FRIES, DEE
Address 2320 N SUNSHINE PATH
City-State-Zip: CRYSTAL RIVER FL 34428

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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: LORA WILSON

PRESIDENT

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEVIN, EDDIE
Address 5272 S. RIVERVIEW CIRCLE
City-State-Zip: HOMOSASSA FL 34448

Title VP
Name CLAUSS, SARAH
Address 2979 E. POSSUM COURT
City-State-Zip: INVERNESS FL 34452

Title DIRECTOR
Name BOSANKO, SONYA
Address 382 N. SUNCOAST BLVD.
City-State-Zip: CRYSTAL RIVER FL 34429