

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005722

Entity Name: SUNCOAST BUSINESS MASTERS, INC.**Current Principal Place of Business:**3125 W. BLACK DIAMOND CIRCLE
LECANTO, FL 34461**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	SPINKA, GAILEN
Address	2244 HWY. 44 WEST
City-State-Zip:	INVERNESS FL 34453

Title	DIR
Name	CROWLEY, JOANNE
Address	305 S. SALISBURY TERR.
City-State-Zip:	LECANTO FL 34461

Title	DIRECTOR
Name	FOGARTY, SUSAN
Address	PO BOX 715
City-State-Zip:	INVERNESS FL 34451

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

Title	SECRETARY
Name	HUGHES, PENNY
Address	1275 S. SUNCOAST BLVD.
City-State-Zip:	HOMOSASSA FL 34448

Title	DIRECTOR
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

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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**DIRECTOR****03/25/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name EDWARDS, VANESSA
Address 136 N INDIANAPOLIS AVENUE
City-State-Zip: HERNANDO FL 34442

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

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