

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005722

Entity Name: SUNCOAST BUSINESS MASTERS, INC.**Current Principal Place of Business:**901 W. ROOSEVELT BLVD.
BEVERLY HILLS, FL 34465**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 COLEMAN, SHANE
Address PO BOX 1292
City-State-Zip: CRYSTAL RIVER FL 34423

Title DIRECTOR
Name WADE, SALLY
Address 225 N. MCGOWAN AVE.
City-State-Zip: CRYSTAL RIVER FL 34429

Title DIRECTOR
Name WILSON, LORA
Address P.O. BOX 1292
City-State-Zip: CRYSTAL RIVER FL 34423

Title DIRECTOR
Name GODFREY, ANGELINA
Address PO BOX 1292
City-State-Zip: CRYSTAL RIVER FL 34423-1292

Title PRESIDENT ELECT ELECT
Name CROWLEY, JOANNE
Address PO BOX 1292
City-State-Zip: CRYSTAL RIVER FL 34423

Title PRESIDENT
Name SNYDER, GLORIA
Address P.O. BOX 1292
City-State-Zip: CRYSTAL RIVER FL 34423

Title TREASURER
Name DEMARTINO, NICK
Address P.O. BOX 1292
City-State-Zip: CRYSTAL RIVER FL 34423

Title VP
Name CAMPBELL, JODI
Address PO BOX 1292
City-State-Zip: CRYSTAL RIVER FL 34423

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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 PL**DIRECTOR****04/23/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name GREEN, MARTI
Address PO BOX 1292
City-State-Zip: CRYSTAL RIVER FL 34423-1292

Title DIRECTOR
Name BORTZ, KRISTIN
Address PO BOX 1292
City-State-Zip: CRYSTAL RIVER FL 34423

Title DIRECTOR
Name JUSTICE, KIM
Address PO BOX 1292
City-State-Zip: CRYSTAL RIVER FL 34423

Title ASSISTANT TREASURER
Name BREWER, HOLLEE
Address PO BOX 1292
City-State-Zip: CRYSTAL RIVER FL 34423