

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N12000005722

**Apr 23, 2024**

**Entity Name:** SUNCOAST BUSINESS MASTERS, INC.

**Secretary of State  
1136760929CC**

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

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

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

**Continues on page 2**

*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