

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005722

**FILED**  
**Apr 16, 2013**  
**Secretary of State**  
**CC5277950532**

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

**Current Principal Place of Business:**

2244 HWY. 44 WEST  
INVERNESS, FL 34453

**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           PRESIDENT  
Name           WADE, SALLY  
Address        358 NE 3RD STREET  
City-State-Zip: CRYSTAL RIVER FL 34429

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

Title           DIR  
Name           BUCHANAN, MIKE  
Address        687 NE 5TH ST.  
City-State-Zip: CRYSTAL RIVER FL 34429

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

Title           DIRECTOR  
Name           HUGHES, PENNY  
Address        5541 S REDWING AVENUE  
City-State-Zip: LECANTO FL 34461

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

Title           SECRETARY  
Name           POWERS, RUTH  
Address        4250 W MALALUKA CIRCLE  
City-State-Zip: CITRUS SPRINGS FL 34433

**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:** JANICE M SALTMARSH

**TREASURER**

**04/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TURNER, VICKI  
Address 1801 NW HIGHWAY 19  
UNIT 455  
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR  
Name BONNER, PATRICIA  
Address 1216 SE PARADISE AVENUE  
City-State-Zip: CRYSTAL RIVER FL 34429

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

Title TREASURER  
Name SALTMARSH, JANICE  
Address 3600 E GULF TO LAKE HIGHWAY  
City-State-Zip: INVERNESS FL 34453