

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005722

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

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

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

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

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

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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: 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