## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N12000010248

Entity Name: SUNCOAST WATERKEEPER, INC.

### **Current Principal Place of Business:**

3008 BAY SHORE RD. SARASOTA, FL 34234

# **Current Mailing Address:**

P.O. BOX 1028 SARASOTA, FL 34230 US

# FEI Number: 30-0753993

# Name and Address of Current Registered Agent:

BLOOM, JUSTIN 3008 BAY SHORE RD. SARASOTA, FL 34234 US Certificate of Status Desired: No

FILED Mar 09, 2020

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

# Officer/Director Detail :

Title	DIRECTOR	Title	CHAIRMAN	
Name	BLOOM, JUSTIN	Name	MCCLASH, JOSEPH	
Address	P.O. BOX 1028	Address	405 26 AVE WEST	
City-State-Zip:	SARASOTA FL 34230	City-State-Zip:	BRADENTON FL 34205	
Title	SECRETARY	Title	TREASURER	
Name	RIPBERGER, SANDRA	Name	PARKER, MERRIE LYNN	
Address	1790 CHERRY LN	Address	7611 9TH AVE NW	
City-State-Zip:	SARASOTA FL 34236	City-State-Zip:	BRADENTON FL 34209	
Title	DIRECTOR	Title	DIRECTOR	
Name	WALKER, TOM	Name	ALBEE, ALISON	
Address	100 CENTRAL AVE. UNIT 915	Address	720 INDIAN BEACH CIR	
		City-State-Zip:	SARASOTA FL 34234	
City-State-Zip:	SARASOTA FL 34236			
Title	DIRECTOR			

Title	DIRECTOR
Name	CHINNIS, RUSTY
Address	7091 LONGBOAT DRIVE EAST
City-State-Zip:	LONGBOAT KEY FL 34228

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: JUSTIN BLOOM

DIRECTOR

03/09/2020

Date

Electronic Signature of Signing Officer/Director Detail

Date