

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010248

**Entity Name:** SUNCOAST WATERKEEPER, INC.

**Current Principal Place of Business:**

522 GOLDEN GATE PT.  
SUITE #8  
SARASOTA, FL 34236

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC6634081074**

**Current Mailing Address:**

P.O. BOX 1028  
SARASOTA, FL 34230 US

**FEI Number: 30-0753993**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BLOOM, JUSTIN  
522 GOLDEN GATE PT.  
SUITE #8  
SARASOTA, FL 34236 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 P  
Name BLOOM, JUSTIN  
Address P.O. BOX 1028  
City-State-Zip: SARASOTA FL 34230

Title VP  
Name JACK, MERRIAM  
Address 319 BRADEN AVE.  
City-State-Zip: SARASOTA FL 34243

Title VP  
Name KALLINS, SCOTT  
Address 433 8TH AVENUE WEST  
City-State-Zip: PALMETTO FL 34221

Title BOARDMEMBER  
Name WONDER, TERRI  
Address 312 BRYN MAWR ISLAND  
City-State-Zip: BRADENTON FL 34207

*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**

**PRES**

**01/12/2015**

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

\_\_\_\_\_  
Date