## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010248

Entity Name: SUNCOAST WATERKEEPER, INC.

**Current Principal Place of Business:** 

2335 ALPINE AVE SARASOTA, FL 34239

**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:

TYRNA, ABBEY 2335 ALPINE AVE SARASOTA, FL 34239 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: ABBEY TYRNA 03/22/2024

Electronic Signature of Registered Agent

Date

FILED Mar 22, 2024

**Secretary of State** 

9432088201CC

Officer/Director Detail:

 Title
 VC
 Title
 CHAIRMAN

 Name
 BLOOM, JUSTIN
 Name
 CHINNIS, RUSTY

 Address
 P.O. BOX 1028
 Address
 P.O. BOX 1028

City-State-Zip: SARASOTA FL 34230 City-State-Zip: SARASOTA FL 34230

Title SECRETARY Title DIRECTOR

Name MORTON, ORION Name PARKER, MERRIE LYNN

Address P.O. BOX 1028 Address P.O. BOX 1028

City-State-Zip: SARASOTA FL 34230 City-State-Zip: SARASOTA FL 34230

TitleDIRECTORTitleDIRECTORNamePARTRDGE, WILLIAMNameALBEE, ALISONAddressP.O. BOX 1028AddressP.O. BOX 1028

City-State-Zip: SARASOTA FL 34230 City-State-Zip: SARASOTA FL 34230

Title DIRECTOR Title DIRECTOR

Name URANGA, JOSE Name MOORE, RICHARD

Address P.O. BOX 1028 Address P.O. BOX 1028

City-State-Zip: SARASOTA FL 34230 City-State-Zip: SARASOTA FL 34230

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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: ABBEY TYRNA EXECUTIVE DIRECTOR 03/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title EXECUTIVE DIRECTOR

Name TYRNA, ABBEY

Address 2335 ALPINE AVE

City-State-Zip: SARASOTA FL 34239

Title DIRECTOR

Name BROWN, ROB

Address P.O. BOX 1028

City-State-Zip: SARASOTA FL 34230

Title TREASURER

Name DEARMAN, SARAH

Address PO BOX 1028

City-State-Zip: SARASOTA FL 34230