2022 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

Date

FILED

Certificate of Status Desired: No

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	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	TREASURER
The	SECRETARY		
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
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR WALKER. TOM	Title Name	DIRECTOR ALBEE, ALISON
	DIRECTOR WALKER, TOM P.O. BOX 1028		
Name	WALKER, TOM P.O. BOX 1028	Name	ALBEE, ALISON
Name Address	WALKER, TOM P.O. BOX 1028	Name Address City-State-Zip:	ALBEE, ALISON P.O. BOX 1028 SARASOTA FL 34230
Name Address	WALKER, TOM P.O. BOX 1028	Name Address	ALBEE, ALISON P.O. BOX 1028
Name Address City-State-Zip:	WALKER, TOM P.O. BOX 1028 SARASOTA FL 34230	Name Address City-State-Zip:	ALBEE, ALISON P.O. BOX 1028 SARASOTA FL 34230
Name Address City-State-Zip: Title	WALKER, TOM P.O. BOX 1028 SARASOTA FL 34230 DIRECTOR	Name Address City-State-Zip: Title	ALBEE, ALISON P.O. BOX 1028 SARASOTA FL 34230 DIRECTOR
Name Address City-State-Zip: Title Name	WALKER, TOM P.O. BOX 1028 SARASOTA FL 34230 DIRECTOR URANGA, JOSE P.O. BOX 1028	Name Address City-State-Zip: Title Name	ALBEE, ALISON P.O. BOX 1028 SARASOTA FL 34230 DIRECTOR SUAU, STEPHEN

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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: JUSTIN BLOOM

VICE CHAIR

01/25/2022

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail Continued :

TitleDIRECTORNameMOORE, RICHARDAddressP.O. BOX 1028City-State-Zip:SARASOTA FL 34230