

**2023 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

**FILED**  
**Jan 30, 2023**  
**Secretary of State**  
**5876543669CC**

**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  
3008 BAY SHORE RD.  
SARASOTA, FL 34234 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 VC  
Name BLOOM, JUSTIN  
Address P.O. BOX 1028  
City-State-Zip: SARASOTA FL 34230

Title CHAIRMAN  
Name CHINNIS, RUSTY  
Address P.O. BOX 1028  
City-State-Zip: SARASOTA FL 34230

Title SECRETARY  
Name MORTON, ORION  
Address P.O. BOX 1028  
City-State-Zip: SARASOTA FL 34230

Title TREASURER  
Name PARKER, MERRIE LYNN  
Address P.O. BOX 1028  
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR  
Name WALKER, TOM  
Address P.O. BOX 1028  
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR  
Name ALBEE, ALISON  
Address P.O. BOX 1028  
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR  
Name URANGA, JOSE  
Address P.O. BOX 1028  
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR  
Name MOORE, RICHARD  
Address P.O. BOX 1028  
City-State-Zip: SARASOTA FL 34230

**Continues on page 2**

*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**

**01/30/2023**

\_\_\_\_\_  
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