

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004460

**FILED**  
**Jan 28, 2016**  
**Secretary of State**  
**CC3169407434**

**Entity Name:** SUNCOAST SCHOOL FOR INNOVATIVE STUDIES, INC.

**Current Principal Place of Business:**

845 SOUTH SCHOOL AVENUE  
SARASOTA, FL 34237

**Current Mailing Address:**

845 SOUTH SCHOOL AVENUE  
SARASOTA, FL 34237

**FEI Number:** 65-0854393

**Certificate of Status Desired:** No

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

ROBBINS, LARRY  
845 SOUTH SCHOOL AVENUE  
SARASOTA, FL 34237 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 PD  
Name ROBBINS, LARRY  
Address 2547 RIVERVIEW COURT  
City-State-Zip: SARASOTA FL 34231

Title TREASURER  
Name NEAL, TERRELL  
Address 8397 38TH STREET CIRCLE EAST  
UNIT 305  
City-State-Zip: BRADENTON FL 34243

Title VP  
Name PATRICIA, TAN  
Address 4801 CHERRY LAUREL CIRCLE  
City-State-Zip: SARASOTA FL 34241

Title SECRETARY  
Name YOST, BRIAN  
Address 6426 COLONIAL DRIVE  
City-State-Zip: SARASOTA FL 34231

*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:** LARRY ROBBINS

**PRESIDENT**

**01/28/2016**

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

\_\_\_\_\_  
Date