

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 28, 2009**  
**Secretary of State**

DOCUMENT# 758609

**Entity Name:** SUNCOAST CENTER, INC.**Current Principal Place of Business:**4024 CENTRAL AVE.  
ST. PETERSBURG, FL 33711 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 10970  
ST. PETERSBURG, FL 337330970 US**New Mailing Address:****FEI Number:** 59-2092717**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DAIRE, BARBARA E LCSW  
4024 CENTRAL AVENUE  
ST PETERSBURG, FL 33711 US**Name and Address of New Registered Agent:**HUDSON, TIMOTHY B  
4024 CENTRAL AVENUE  
ST PETERSBURG, FL 33711 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: TIMOTHY B. HUDSON

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BRANSON, ERIC M  
Address: 6735 CROSSWINDS DRIVE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710 US

Title: C ( ) Delete  
Name: MATZ, GEORGE  
Address: 7343 SAWGRASS PT DR  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: VC ( ) Delete  
Name: FREEMAN, STEPHEN  
Address: 685 FIRST AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: D ( ) Delete  
Name: SKLET, ANTHONY J  
Address: 9495 BLIND PASS ROAD #1101  
City-St-Zip: ST PETERSBURG BEACH, FL 33706 US

Title: TR ( ) Delete  
Name: NICHOLSON, SARA  
Address: 10397 NINA STREET  
City-St-Zip: LARGO, FL 33778 US

Title: D ( ) Delete  
Name: LERNER, LINDA  
Address: 8022 OAK FOREST BLVD. W.  
City-St-Zip: SEMINOLE, FL 33776 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: DAIRE, BARBARA E  
Address: 4024 CENTRAL AVENUE  
City-St-Zip: SAINT PETERSBURG, FL 33711 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR (X) Change ( ) Addition  
Name: SKLUZACEK, CAMILLE  
Address: 2828 SKIMMER POINT DRIVE SOUTH  
City-St-Zip: GULFPORT, FL 33707 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY B. HUDSON

CFO

04/28/2009

Electronic Signature of Signing Officer or Director

Date