

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90032 020 ****61.25

DOCUMENT # N00000000974

1. Entity Name

SUNCOAST LIFE SOLUTIONS, INC.



Principal Place of Business

5609 U.S. 19
UNIT K
NEW PORT RICHEY FL 34652

Mailing Address

5609 U.S. 19
UNIT K
NEW PORT RICHEY FL 34652

40010366



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3598397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAURO-MCKENZIE, DENISE
5609 US HWY 19
SUITE K
NEW PORT RICHEY FL 34652

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, LYNN	
STREET ADDRESS	7305 TANGLEWOOD DR	
CITY-STATE-ZIP	NEW PORT RICHEY FL 34654	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BRENNER, WENDY	
STREET ADDRESS	7224 GRAND BLVD	
CITY-STATE-ZIP	NEW PORT RICHEY FL 34652	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COOGAN, DAVE	
STREET ADDRESS	2779 CAPWOOD LANE	
CITY-STATE-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEPPER, GARY	
STREET ADDRESS	18829 U.S. HWY 19	
CITY-STATE-ZIP	HUDSON FL 34667	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESS, RICK	
STREET ADDRESS	5943 FALL RIVER DR	
CITY-STATE-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOLEY, JOAN	
STREET ADDRESS	5841 MAIN STREET	
CITY-STATE-ZIP	NEW PORT RICHEY FL 34652	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-05 727-846-0482