

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90110 044 ****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**

50013857



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142006 Chg-NP CR2E037 (11/05)

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

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

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE PD
NAME ANDERSON, LYNN ☐ Delete
STREET ADDRESS 7305 TANGLEWOOD DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE DVP
NAME BRENNER, WENDY ☒ Delete
STREET ADDRESS 7224 GRAND BLVD
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE TD
NAME COOGAN, DAVE ☐ Delete
STREET ADDRESS 2779 CAPWOOD LANE
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE D
NAME PEPPER, GARY ☒ Delete
STREET ADDRESS 18829 U.S. HWY 19
CITY-ST-ZIP HUDSON, FL 34667

TITLE D
NAME HESS, RICK ☒ Delete
STREET ADDRESS 5943 FALL RIVER DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE D
NAME FOLEY, JOAN ☒ Delete
STREET ADDRESS 5841 MAIN STREET
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D Cynthia Carmen ☐ Change ☒ Addition
NAME 4927 Voorhees Rd.
STREET ADDRESS New Port Richey, FL 34653
CITY-ST-ZIP

TITLE D Donald Doss ☐ Change ☒ Addition
NAME 4640 Ashburn Square Drive
STREET ADDRESS Tampa FL 33610
CITY-ST-ZIP

TITLE V Rebecca Doss ☐ Change ☒ Addition
NAME 4640 Ashburn Square Drive
STREET ADDRESS Tampa FL 33610
CITY-ST-ZIP

TITLE D Karen King ☐ Change ☒ Addition
NAME PO Box 609
STREET ADDRESS Port Richey, FL 34673
CITY-ST-ZIP

TITLE D Emelyn Reymelli ☐ Change ☒ Addition
NAME 11 Bay Street
STREET ADDRESS Palm Harbor, FL 34683
CITY-ST-ZIP

TITLE D Naysa Rodriguez ☐ Change ☒ Addition
NAME 5609 US Hwy 19 Unit K
STREET ADDRESS New Port Richey FL 34652
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Denise Lauro McKenzie, Executive Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-15-06 Daytime Phone # 727 846 0482