2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State
07-23-2004 90003 048 ****61.25

DOCUMENT # N00000002468

1. Entity Name
FPA OF THE SUNCOAST, INC.

54064553

Principal Place of Business	Mailing Address
3900 CLARK ROAD SUITE B5 SARASOTA, FL 34233	3900 CLARK ROAD SUITE B5 SARASOTA, FL 34233

07092004 Chg-NP CR2E037 (10/03)

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 65-0999767 ☐ 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
ALKIRE, CHARLES 3900 CLARK ROAD SUITE B5 SARASOTA, FL 34233	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 September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOOHAKER, AMY 7064 WHITEMARSH CIR BRADENTON, FL 34202 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES-ELECT AMY BOOHAKER 1800 SECOND ST. STE 715 SARASOTA, FL 34236 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARSEN, JEAN P JP FIN. CNTR. INC., 119 TAMIAMI TR #B3900 PORT CHARLOTTE, FL 339534555 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDUCATION DIRECTOR BILL MARSH 1605 MAIN ST. STE 101 SARASOTA, FL 34236 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ALKIRE, CHARLES AMERICAN EXPRESS 3900 CLARK RD. STE B-5 SARASOTA, FL 34233 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBRSHP-DIRECTOR FLOYD RINEHART 2113 S. TAMIAMI TR. OSPREY, FL 34229 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS COUTURE, PHILLIP Q 73 S. PALM AVE., SUITE 214 SARASOTA, FL 342365612 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS PHILLIP COUTURE 3293 FRUITVILLE RD. STE 108 SARASOTA, FL 34237 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PURCELL, JOHN 370 GULF OF MEXICO DR., UNIT 434 LONGBOAT KEY, FL 342284047 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PUB. REL. DIRECTOR KAREN GRABLIN 415 32ND ST WEST BRADENTON, FL 34205 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FORBES, FRED 6404 MANATEE AVENUE, W., STE. H BRADENTON, FL 34209 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRED FORBES 323 10TH AVE W. STE 104 PALMETTO, FL 34221 ☒ Change ☐ Addition

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: _____ 7-15-04 941-366-3551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #