2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90277 009 ****61.25

DOCUMENT # N00000002468

1. Entity Name
FPA OF THE SUNCOAST, INC.

20041642

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

01032005 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 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	PE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOOHAKER, AMY		NAME		
STREET ADDRESS	1600 SECOND ST STE 715		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	ED	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARSH, BILL		NAME		
STREET ADDRESS	1605 MAIN ST STE 101		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	C	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALKIRE, CHARLES		NAME		
STREET ADDRESS	AMERICAN EXPRESS 3900 CLARK RD. STE B-5		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP		
TITLE	TS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COUTURE, PHILLIP Q		NAME		
STREET ADDRESS	3293 FRUITVILLE RD STE 108		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP		
TITLE	PRD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRABLIN, KAREN		NAME		
STREET ADDRESS	415 32ND ST WEST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FORBES, FRED		NAME		
STREET ADDRESS	323 10TH AVE W STE 104		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-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: PHIL COUTURE 4-19-05 941-366-3551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #