

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002468

FILED
Jan 21, 2009
Secretary of State

Entity Name: FPA OF THE SUNCOAST, INC.

Current Principal Place of Business:

3900 CLARK ROAD
SUITE B5
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

3900 CLARK ROAD
SUITE B5
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-0999767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALKIRE, CHARLES
3900 CLARK ROAD
SUITE B5
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASWELL, CHRIS
Address: 240 S. PINEAPPLE STE802
City-St-Zip: SARASOTA, FL 34236

Title: C () Delete
Name: ALKIRE, CHARLES
Address: 3900 CLARK RD. STE B-5
City-St-Zip: SARASOTA, FL 34233

Title: TS () Delete
Name: COUTURE, PHILLIP Q
Address: 3293 FRUITVILLE RD STE 108
City-St-Zip: SARASOTA, FL 34237

Title: ED () Delete
Name: POTTER, FRANCES
Address: 320 HARBOR DR S
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: MCKENNEY, KEVIN
Address: 1515 RINGLING BLVD
City-St-Zip: SARASOTA, FL 34236 67

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: D (X) Change () Addition
Name: LARSEN, JEAN
Address: 439 MEXICALI AVE
City-St-Zip: VENICE, FL 34293

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

Title: D () Change (X) Addition
Name: BICKFORD, JOAN E
Address: 7420 DICKENS DR
City-St-Zip: SARASOTA, FL 34231

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: CHARLES ALKIRE

C

01/21/2009

Electronic Signature of Signing Officer or Director

Date