

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90016 044 ****61.25

DOCUMENT # N00000005918

1. Entity Name
THE SUNCOAST NATURISTS, INC.



Principal Place of Business
**3104 HERON SHORES DR
VENICE, FL 34293**

Mailing Address
**PO BOX 187
SARASOTA, FL 34230-0187**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08052004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

65-1038363

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, KENNETH W
3107 HERON SHORES DR 3104 HERON SHORES DR.
VENICE, FL 34293**

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

Kenneth W Thomas

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

(NOTE: Registered Agent signature required when reinstating)

Aug 9, 2004

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 **D** ☐ Delete
NAME **THOMAS, KENNETH W**
STREET ADDRESS **3104 HERON SHORES DR**
CITY- ST- ZIP **VENICE, FL 34293**

TITLE **P** ☒ Change ☐ Addition
NAME **Thomas, Kenneth W**
STREET ADDRESS **3104 HERON SHORES DR**
CITY- ST- ZIP **VENICE FL 34293**

TITLE **T** ☐ Delete
NAME **LYON, ROBERT**
STREET ADDRESS **4718 TIVOLI AVE**
CITY- ST- ZIP **SARASOTA, FL 34235**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **D** ☐ Delete
NAME **BRANDHORST, WESLEY BRANDHORST**
STREET ADDRESS **3346 YONGE AVE**
CITY- ST- ZIP **SARASOTA, FL 34235**

TITLE **D** ☒ Change ☐ Addition
NAME **BRANDHORST, WESLEY**
STREET ADDRESS **3346 YONGE AVE**
CITY- ST- ZIP **SARASOTA FL 34235**

TITLE **D** ☐ Delete
NAME **BRANDHORST, JANE BRANDHORST**
STREET ADDRESS **1346 YOUNG AVENUE 3346 YONGE AVE**
CITY- ST- ZIP **SARASOTA, FL 34235**

TITLE **D** ☒ Change ☐ Addition
NAME **BRANDHORST, JANE**
STREET ADDRESS **3346 YONGE AVE**
CITY- ST- ZIP **SARASOTA FL 34235**

TITLE **V** ☒ Delete
NAME **ROCK, MARTY**
STREET ADDRESS **900 S BLVD OF PRESIDENTS #5**
CITY- ST- ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Kenneth W Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 9, 2004

DATE

941.408.8873

DAYTIME PHONE #