

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000004613**

1. Entity Name  
**SUNCOAST FOUNDATION, INC.**



Principal Place of Business  
**P.O. BOX 840738  
PEMBROKE PINES, FL 33081**

Mailing Address  
**P.O. BOX 840738  
PEMBROKE PINES, FL 33081**



07172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**15-0263024**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GREENE, JONATHAN  
1900 N.W. CORPORATE BLVD  
SUITE 400 EAST  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000374421  
07/25/05-80009-008 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BEHRENS, ROBERT A  
P.O. BOX 840738  
PEMBROKE PINES, FL 33081**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PRESS, WILLIAM  
P.O. BOX 840738  
PEMBROKE PINES, FL 33081**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CEFALO, CAROLYN  
P.O. BOX 840738  
PEMBROKE PINES, FL 33081**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BEHRENS, ELIZABETH H  
P.O. BOX 840738  
PEMBROKE PINES, FL 33081**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELIZABETH H. BEHRENS**

**7/18/05**

Date

**954-418-8639**

Daytime Phone #