

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004613

FILED
Mar 24, 2007
Secretary of State

Entity Name: SUNCOAST FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 840738
PEMBROKE PINES, FL 33081

New Principal Place of Business:

10385 RUE VENDOME
PEMBROKE PINES, FL 33026

Current Mailing Address:

P.O. BOX 840738
PEMBROKE PINES, FL 33081

New Mailing Address:

FEI Number: 15-0263024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BEHRENS, ROBERT A
P. O. BOX 840738
PEMBROKE PINES, FL 33081 US

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: ROBERT A. BEHRENS

03/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEHRENS, ROBERT A
Address: P.O. BOX 840738
City-St-Zip: PEMBROKE PINES, FL 33081

Title: D () Delete
Name: PRESS, WILLIAM
Address: P.O. BOX 840738
City-St-Zip: PEMBROKE PINES, FL 33081

Title: D () Delete
Name: CEFALO, CAROLYN
Address: P.O. BOX 840738
City-St-Zip: PEMBROKE PINES, FL 33081

Title: D () Delete
Name: BEHRENS, ELIZABETH H
Address: P.O. BOX 840738
City-St-Zip: PEMBROKE PINES, FL 33081

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PRESS, WILLIAM A
Address: P.O. BOX 840738
City-St-Zip: PEMBROKE PINES, FL 33081

Title: VP (X) Change () Addition
Name: CEFALO, CAROLYN
Address: P.O. BOX 840738
City-St-Zip: PEMBROKE PINES, FL 33081

Title: VP (X) Change () Addition
Name: GAME, DAVID
Address: P.O. BOX 840738
City-St-Zip: PEMBROKE PINES, FL 33081

Title: TREA (X) Change () Addition
Name: BEHRENS, ELIZABETH H
Address: P.O. BOX 840738
City-St-Zip: PEMBROKE PINES, FL 33081

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM PRESS

PRES

03/24/2007

Electronic Signature of Signing Officer or Director

Date