

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03357

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** SUNCOAST FOUNDATION FOR HANDICAPPED CHILDREN, INC.

**Current Principal Place of Business:**

2180 9TH STREET  
SUITE 118-E  
SARASOTA, FL 34237

**New Principal Place of Business:**

3148-A SOUTH GATE CIRCLE  
SUITE 118-E  
SARASOTA, FL 34239

**Current Mailing Address:**

3148-A SOUTH GATE CIRCLE  
SARASOTA, FL 34239 US

**New Mailing Address:**

**FEI Number:** 59-2417258      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOXWORTHY, H. RONALD  
2180 CORNELL STREET  
SARASOTA, FL 33577 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: PD  
Name: FLANDERS, ROBERT  
Address: 2160 PRINCETON ST.  
City-St-Zip: SARASOTA, FL

Title: D  
Name: FOXWORTHY, RON  
Address: 2180 CORNELL  
City-St-Zip: SARASOTA, FL

Title: TD  
Name: ERB, CAL  
Address: 3230 S GATE CIRCLE  
City-St-Zip: SARASOTA, FL

Title: VP  
Name: TUCKER, HOLLIS  
Address: 2180 9TH ST  
City-St-Zip: SARASOTA, FL 34237

I hereby 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 all other like empowered.

SIGNATURE: CAL ERB

TD

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date