

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009350

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** SUNCOAST COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

2801 EXCHANGE COURT  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

2801 EXCHANGE COURT  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

**FEI Number:** 20-1689234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COCHRANE, THOMAS E JR  
2801 EXCHANGE COURT  
WEST PALM BEACH, FL 33409 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:** D  
**Name:** COCHRANE, THOMAS E JR  
**Address:** 7195 DEER POINT LN  
**City-St-Zip:** WEST PALM BEACH, FL 33411 US

**Title:** D  
**Name:** COCHRANE, REYNOLDS J  
**Address:** 1132 MYSTIC WAY  
**City-St-Zip:** WELLINGTON, FL 33414 US

**Title:** D  
**Name:** COCHRANE, JOEL F  
**Address:** 44 JOHNES ST #109J  
**City-St-Zip:** NEWBURGH, NY 12550 US

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:** THOMAS E. COCHRANE JR.

CHRM

02/16/2011

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

\_\_\_\_\_  
Date