

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004381

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** SUNCOAST PARTNERSHIP TO END HOMELESSNESS, INC.

**Current Principal Place of Business:**

1445 2ND STREET  
SARASOTA, FL 34236

**New Principal Place of Business:**

1750 17TH STREET  
K-1 BUILDING  
SARASOTA, FL 34234

**Current Mailing Address:**

1445 2ND STREET  
SARASOTA, FL 34236

**New Mailing Address:**

1750 17TH STREET  
K-1 BUILDING  
SARASOTA, FL 34234

**FEI Number:** 20-2783762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILSON, MICHAEL J  
200 S. ORANGE AVENUE  
SARASOTA, FL 34236 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:** ED  
**Name:** MARTIN, RICHARD  
**Address:** 1750 17TH ST, K-1 BUILDING  
**City-St-Zip:** SARASOTA, FL 34234

**Title:** C  
**Name:** TEBRUGGE, ADAM  
**Address:** 520 12TH STREET WEST, SUITE 203  
**City-St-Zip:** BRADENTON, FL 34205

**Title:** VC  
**Name:** CORYEA, CHERI  
**Address:** MANATEE COUNTY GOVT., P.O. BOX 1000  
**City-St-Zip:** BRADENTON, FL 34206

**Title:** VC  
**Name:** MASON, CAROYLYN  
**Address:** SARASOTA COUNTY GOVT., 1660 RINGLING BLVD.  
**City-St-Zip:** SARASOTA, FL 34236

**Title:** T  
**Name:** BISHOP, ALISON LEVIN  
**Address:** 1311 MAIN ST  
**City-St-Zip:** SARASOTA, FL 34236

**Title:** S  
**Name:** GINSKY, ANDREA  
**Address:** 1660 RINGLING BLVD., 5TH FLOOR  
**City-St-Zip:** SARASOTA, FL 34236

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:** RICHARD MARTIN

ED

01/06/2011

Electronic Signature of Signing Officer or Director

Date