

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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N05341

<b>DOCUMENT # N05341</b> 1. Entity Name <b>THE ARC SUNCOAST, INC.</b>					
Principal Place of Business <b>139010 FRAY ROAD SUITE 8 HUDSON, FL 34667 US</b>			Mailing Address <b>3201 TRIDENT TERRACE NEW PORT RICHEY, FL 34652 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3201 Trident Terrace</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>New Port Richey, FL</b>		City & State			
Zip <b>34652</b>	Country <b>US</b>	Zip	Country	4. FEI Number <b>59-2489490</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JONES, NAOMI 1828 ARCADIA HOLIDAY, FL 34690</b>			7. Name and Address of New Registered Agent Name <b>Emile Laurino</b> Street Address (P.O. Box Number is Not Acceptable) <b>3201 Trident Terrace</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34652</b>		
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 <small>Signature, typed or printed name of registered agent and the if applicable.</small>		<b>Emile Laurino</b>		<b>February 20, 2007</b> <small>DATE</small>	
<b>Filing Fee is \$81.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HAGAMAN, LYNN MS. 524 WATERFALL DRIVE SPRING HILL, FL 34808</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC/ LAURINO, EMILE A MR. 3201 TRIDENT TERRACE NEW PORT RICHEY, FL 34652</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MONTANO, PHILIP 16248 VERNDAL LANE SPRING HILL, FL 34810</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RA JONES, NAOMI M 1828 ARCADIA DR HOLIDAY, FL 34690</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MONTANO, ALICE 5513 RIDDLE ROAD HOLIDAY, FL 34690</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T/D/RA Laurino, Emile A Mr. 3201 Trident Terrace New Port Richey, FL 34652</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jones, Naomi M 1828 Arcadia Dr Holiday, FL 34690</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		<b>Lynn Hagaman</b>		<b>February 20, 2007 727-992-2771</b> <small>DATE DAYTIME PHONE #</small>	

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



02152007 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

FL 34652

(NOTE: Registered Agent signature required when renewing)

DATE

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Daytime Phone #