

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05341

FILED
Mar 11, 2009
Secretary of State

Entity Name: THE ARC SUNCOAST, INC.

Current Principal Place of Business:

3201 TRIDENT TERRACE
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

3201 TRIDENT TERRACE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-2489490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAURINO, EMILE
3201 TRIDENT TERRACE
NEW PORT RICHEY, FL 34652 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 () Delete
Name: HAGAMAN, LYNN MS.
Address: 524 WATERFALL DRIVE
City-St-Zip: SPRING HILL, FL 34608

Title: STD () Delete
Name: LAURINO, EMILE A MR.
Address: 3201 TRIDENT TERRACE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D () Delete
Name: MONTANO, PHILIP
Address: 16248 VERNDAL LANE
City-St-Zip: SPRING HILL, FL 34610

Title: D () Delete
Name: JONES, NAOMI M
Address: 1828 ARCADIA DR
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: MONTANO, ALICE
Address: 16248 VERNDAL LANE
City-St-Zip: SPRING HILL, FL 34610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EMILE A. LAURINO

STD

03/11/2009

Electronic Signature of Signing Officer or Director

Date