2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N08000008790

Entity Name: SUNCOAST CARING COMMUNITY, INC.

Current Principal Place of Business:

5771 ROOSEVELT BLVD
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

5771 ROOSEVELT BLVD
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 26-3605761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LABYAK, MARY J
5771 ROOSEVELT BLVD
CLEARWATER, FL 33760 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD ( ) Change (X) Addition
Name: GAINES, MICHAEL
Address: 14215 PUFFIN COURT
City-St-Zip: CLEARWATER, FL 33762

Title: VD ( ) Change (X) Addition
Name: HANLEY-CRABB, KELLI
Address: 600 APALLACHEE DRIVE
City-St-Zip: ST. PETERSBURG, FL 33702

Title: SD ( ) Change (X) Addition
Name: SHIRLEY, PATRICIA OSF
Address: 3001 W MLK BLVD
City-St-Zip: TAMPA, FL 33607

Title: TD ( ) Change (X) Addition
Name: WHETSTONE, CHARLES CPA
Address: 2111 DREW STREET
City-St-Zip: CLEARWATER, FL 33765

Title: P ( ) Change (X) Addition
Name: LABYAK, MARY J
Address: 5771 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 33760

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: MARY J LABYAK P 01/13/2009

Electronic Signature of Signing Officer or Director — Date