


2005

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N12680		
1. Entity Name SUNCOAST HARVEST CENTER, INC.		

FILED

05 JAN -5 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1300 17TH AVE.W BRADENTON, FL 34205	Mailing Address 1300 17TH AVE.W BRADENTON, FL 34205
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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11092004 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number  
59-2611718Applied For  
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  DYSON, TIMOTHY J 1300 17TH AVE W. BRADENTON, FL 34205
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DYSON, TIMOTHY J 1300 17TH AVENUE WEST BRADENTON, FL 34205 <i>President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, JAMES B. 5124 18TH LN E. BRADENTON, FL 34203 <i>Vice President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DYSON, SHERRI D 1300 17TH AVENUE WEST BRADENTON, FL 34205 <i>Vice President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kenneth R. Dyson Board Member 5139 Memphis Dr Memphis TN 38134 <i>Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clint Brown Board Member 2521 Ront Dr Orlando FL 32835 <i>Addition</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600043128016 12/02/04--01036--005 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #