

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90029 039 ****61.25

DOCUMENT # N14599

1. Entity Name

THE SUNCOASTERS, INC. OF PINELLAS COUNTY



Principal Place of Business

C/O ANN V MACPHERSON
12090 MEADOWBROOK LANE
LARGO FL 33774-3144
US

Mailing Address

C/O ANN V MACPHERSON
12090 MEADOWBROOK LANE
LARGO FL 33774-3144
US



2. Principal Place of Business

C/O MARJORY MONGER
Suite, Apt. #, etc.
119 Cedarwood Cir

3. Mailing Address

C/O MARJORY MONGER
Suite, Apt. #, etc.
119 Cedarwood Cir

City & State

Seminole Fl.

City & State

Seminole Fl.

Zip

33777

Country

Pinellas

Zip

33777

Country

Pinellas

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2636056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACPHERSON, ANN V
12090 MEADOWBROOK LANE
LARGO FL 33774

7. Name and Address of New Registered Agent

Name MONGER MARJORY

Street Address (P.O. Box Number is Not Acceptable)

119 Cedarwood Cir

City

Seminole

FL

Zip Code

33777

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

Marjory A. Monger

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

2-23-06

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete
NAME MONGER, MARJORY
STREET ADDRESS 5296 68TH ST NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33709

TITLE DP ☒ Delete
NAME COFFIN, AMY
STREET ADDRESS 116 SWAN ROAD
CITY-ST-ZIP CLEARWATER FL 33764

TITLE DT ☒ Delete
NAME TURLEY, DONNA J
STREET ADDRESS 11660 SHIPWATCH DRIVE #1446
CITY-ST-ZIP LARGO FL 33774

TITLE S ☐ Delete
NAME DUNLOP, KAY
STREET ADDRESS 595 LENTZ ROAD
CITY-ST-ZIP BELLAIRE BLUFFS FL 33770

TITLE SBOD ☒ Delete
NAME MACPHERSON, ANN V
STREET ADDRESS 225 COUNTRY CLUB DRIVE C-227
CITY-ST-ZIP LARGO FL 33771

TITLE DV ☒ Delete
NAME WALKER, CAROL
STREET ADDRESS 12300 VONN ROAD #6102
CITY-ST-ZIP LARGO FL 33774

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition
NAME Amy COFFIN
STREET ADDRESS 116 SWAN RD
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☒ Change ☐ Addition
NAME SCOTT, LORRETTA L.
STREET ADDRESS 2224 BALMAR DR.
CITY-ST-ZIP BELLAIRE BLUFFS, FL 33770

TITLE ☐ Change ☐ Addition
NAME Same
STREET ADDRESS
CITY-ST-ZIP

TITLE SBOD ☒ Change ☐ Addition
NAME MONGER, MARJORY
STREET ADDRESS 119 Cedarwood Cir.
CITY-ST-ZIP Seminole, Fl. 33777

TITLE DV ☒ Change ☐ Addition
NAME HULTQUIST, Betty
STREET ADDRESS 403 BRANDYWINE DR.
CITY-ST-ZIP LARGO, FL 33771

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Marjory A. Monger

MARJORY A. MONGER 319-2412

2-23-06 (727)