NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2006 8:00 am
Secretary of State
04-06-2006 90019 023 ****61.25

DOCUMENT # N 14863

1. Entity Name
SUNCOAST NEW NEIGHBORS, INC.

DO NOT WRITE IN THIS SPACE

40045404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Helen L Novak	SunCoast New Neighbors
Suite, Apt. #, etc.: 707 Hammock Pine Blv	Suite, Apt. #, etc.: P.O. Box 2864
City & State: Clearwater FL	City & State: Dunedin FL
Zip: 33761 Country: Pinellas	Zip: 34697 Country: Pinellas

4. FEI Number: 59-2866487 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Helen L Novak
Street Address (P.O. Box Number is Not Acceptable): 707 Hammock Pn Blv
City: Clearwater **FL** Zip Code: 33761

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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 / NAME	President Joyce Bartlett	TITLE / NAME	
STREET ADDRESS	8714 Chadwick Dr	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33635	CITY-ST-ZIP	
TITLE / NAME	Vice Pres. Joyce Cherry	TITLE / NAME	
STREET ADDRESS	1855 Pine Cone Cir. #22	STREET ADDRESS	
CITY-ST-ZIP	Clearwater FL 33761	CITY-ST-ZIP	
TITLE / NAME	Secy. Dorothy Ehlers	TITLE / NAME	
STREET ADDRESS	2450 Canadian Way	STREET ADDRESS	
CITY-ST-ZIP	Clearwater FL 33763	CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME	Treasurer: Karen Holly	TITLE / NAME	
STREET ADDRESS	907 Hammock Pn Blv	STREET ADDRESS	
CITY-ST-ZIP	Clearwater FL 33761	CITY-ST-ZIP	
TITLE / NAME	Dir. Anna May Sanders	TITLE / NAME	
STREET ADDRESS	29081 US Hwy 19 N. #243	STREET ADDRESS	
CITY-ST-ZIP	Clearwater FL 33761	CITY-ST-ZIP	
TITLE / NAME	Dir: Alma Pasquale	TITLE / NAME	
STREET ADDRESS	1127 Royal Blv	STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor FL 34684	CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Helen L Novak 04/03/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date