

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17614

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** SUNCOAST BANKERS COMPLIANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CENTER STATE BANK CENTRAL FL  
920 N JOHN YOUNG PKWY  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CENTER STATE BANK CENTRAL FL  
920 N JOHN YOUNG PKWY  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

**FEI Number:** 59-2749914      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOLTZ, DONALD  
C/O CENTER STATE BANK CENTRAL FL  
920 N JOHN YOUNG PKWY  
KISSIMMEE, FL 34741 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:** VPD  
**Name:** DEBORAH, PERKINS  
**Address:** 6930 GALL BLVD  
**City-St-Zip:** ZEPHYRHILLS, FL 33542

**Title:** CD  
**Name:** STOLTZ, DONALD  
**Address:** 920 N JOHN YOUNG PKWY  
**City-St-Zip:** KISSIMMEE, FL 34741

**Title:** PD  
**Name:** STEINANGEL, LISA  
**Address:** 119 EAST WHITING STREET  
**City-St-Zip:** TAMPA, FL 33602

**Title:** RD  
**Name:** BRATCHER, RHEA  
**Address:** 8001 N DALE MABRY HWY BLDG 501  
**City-St-Zip:** TAMPA, FL 33614 00

**Title:** TD  
**Name:** NAKASHIGE, CHERYL A  
**Address:** 101 SO FLORIDA AVENUE  
**City-St-Zip:** LAKELAND, FL 33801

**Title:** SD  
**Name:** GILMAN, SUE A  
**Address:** 401 S FLORIDA AVE SUITE 100  
**City-St-Zip:** TAMPA, FL 33602

I hereby 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 all other like empowered.

**SIGNATURE:** SUE A GILMAN

SD

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date