


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N30451</b>	
1. Entity Name <b>SUNCOAST OPTIMIST FOUNDATION, INC.</b>	

Principal Place of Business <b>PO BOX 50482 SARASOTA, FL 34232</b>	Mailing Address <b>PO BOX 50482 SARASOTA, FL 34232</b>
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01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0123355</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MILLER, ROBERT 717 MANATEE AVENUE W, SUITE 200 BRADENTON, FL 34205</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMON, JOSEPH 4400 GALLUP AVE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, JEFFREY H 3715 75TH AVE DR E SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON, JANET M 3060 DIVIDING CREEK DR. SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEARN, JESSE 2122 CHESTNUT FOREST DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROFFITT, GEOFFREY, H 2105 S BRINK AVENUE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, ROBERT 717 MANATEE AVENUE W, SUITE 200 BRADENTON, FL 34205

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Janet M Jackson Sec/Treas.*