

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90225 027 ****61.25

DOCUMENT # N42859

1. Entity Name

SUNCOAST LEADERSHIP FOUNDATION, INC.



Principal Place of Business

P.O. BOX 70016
SARASOTA, FL 34278

Mailing Address

P.O. BOX 70016
SARASOTA, FL 34278



04142005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0256333

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEW, ROBERT A REV.
5250 MANZ PLACE
#113
SARASOTA, FL 34232

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KELLEY, RON DR.
STREET ADDRESS 7125 FRUITVILLE RD., #393
CITY-ST-ZIP SARASOTA, FL 34240

TITLE D
NAME BEW, ROBERT A REV
STREET ADDRESS 5250 MANZ PLACE #113
CITY-ST-ZIP SARASOTA, FL 34232

TITLE D
NAME BEW, MARY
STREET ADDRESS 5250 MANZ PLACE., #113
CITY-ST-ZIP SARASOTA, FL 34232

TITLE D
NAME DOUGLAS, TOM REV.
STREET ADDRESS 5203 MENNO SIMONS PKWY, #2C
CITY-ST-ZIP SARASOTA, FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Robert A. Bew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

April 16 (941)
371-2750 x 351