

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 A
Secretary of State

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



03172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0256333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLEY, RON DR. 7125 FRUITVILLE RD., #393 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEW, ROBERT A REV 5250 MANZ PLACE #113 SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEW, MARY 5250 MANZ PLACE., #113 SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, TOM REV. 5203 MENNO SIMONS PKWY #204 SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, DONALD C 4538 HAMLETS GROVE DR SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000674301
03/29/07-80081-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-07

941
351-8967