

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000004974

1. Entity Name
SUN COAST COMMUNITY CARE, INC.



Principal Place of Business
**2025 INDIAN ROCKS ROAD
LARGO, FL 33774 US**

Mailing Address
**P O BOX 2025
LARGO, FL 33779 US**

DO NOT WRITE IN THIS SPACE



05312004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3282590

Applied For
Not Applicat

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

6. Name and Address of Current Registered Agent

**ARCHBELL, LARRY J
2025 INDIAN ROCKS ROAD
LARGO, FL 33774**

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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 September 8, 2004**

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
**C
HULLEY, WILLIAM
2025 INDIAN ROCKS ROAD
LARGO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KEWESHAN, WILLIAM
2025 INDIAN ROCKS ROAD
LARGO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARCHBELL, LARRY J
2025 INDIAN ROCKS ROAD
LARGO, FL 33774**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WORTH, RANDAL
2025 INDIAN ROCKS RD.
LARGO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000162431
06/10/04-80004-011 61.25

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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #