

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90394 027 ****61.25



DOCUMENT # N94000005685
 1. Entity Name
SUNCOAST COMPENSATION AND BENEFITS FOUNDATION, INC.

Principal Place of Business
417 DEER PARK AVENUE
TEMPLE TERRACE, FL 33617 US

Mailing Address
417 DEER PARK AVENUE
TEMPLE TERRACE, FL 33617 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04272004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-3322196

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
GARCIA, LINDA
417 DEER PARK AVENUE
TEMPLE TERRACE, FL 33617

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	GARCIA, LINDA	
STREET ADDRESS	417 DEER PARK AVENUE	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUND, DON	
STREET ADDRESS	5902 MEMORIAL HWY., APT. 1013	
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIEL, EMILY	
STREET ADDRESS	100 N. STARCREST DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33758	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, SANDRA	
STREET ADDRESS	5755 HOOVER BLVD.	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAVANZO, KATHRYN	
STREET ADDRESS	PMB #343, 6860 GULFPORT BLVD. S	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 info empowered.

SIGNATURE: *Linda Garcia* **4/27/04** (813) 623 5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #