

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

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90346 023 \*\*\*\*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
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0003000



03132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3322196	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

GARCIA, LINDA  
 417 DEER PARK AVENUE  
 TEMPLE TERRACE, FL 33617

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY - ST - ZIP	ST GARCIA, LINDA 417 DEER PARK AVENUE TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIEL, EMILY 100 N. STARCREST DRIVE CLEARWATER, FL 33758
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <del>EDWARDS, SANDRA</del> <i>Darcey Donna</i> 5755 HOOVER BLVD. <i>One Progress Plaza, Suite 240</i> TAMPA, FL 33634 <i>St. Pete, FL 33701</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR:** \_\_\_\_\_  
 Date: *4/21/05* Daytime Phone #: *813 623 5400*