

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2003 8:00 am
Secretary of State

0044941

05-21-2003 90081 041 ****70.00

DOCUMENT # N94000005685



1. Entity Name
**SUNCOAST COMPENSATION AND BENEFITS FOUNDATION, I
NC.**

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

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3322196**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 *Linda Garcia*

5/13/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

875

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** Delete
NAME **GARCIA, LINDA**
STREET ADDRESS **417 DEER PARK AVENUE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **ST** Change Addition
NAME *Linda Garcia, Linda*
STREET ADDRESS *417 Deer Park Ave*
CITY-ST-ZIP *Temple Terrace, FL 33617*

TITLE **T** Delete
NAME **LUND, DON**
STREET ADDRESS **8664 MANASSUS ROAD**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE **D** Change Addition
NAME *Lund, Don*
STREET ADDRESS *5902 Memorial Hwy Apt 1013*
CITY-ST-ZIP *Tempe, FL 33615*

TITLE **D** Delete
NAME **BIEL, EMILY**
STREET ADDRESS **100 N. STARCREST DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33758**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **EDWARDS, SANDRA**
STREET ADDRESS **5755 HOOVER BLVD.**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **PAVANZO, KATHRYN**
STREET ADDRESS **PMB #343, 6860 GULFPORT BLVD. S**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

5/13/03 813 623 5400 19120

CP2E037 (10/02)