2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2004 8:00 am Secretary of State

DOCUMENT # N9800003413 1. Entity Name SUNCOAST VENTURE FORUM, INC.						03-18-200	04 90032	015 ****	*61.25
234 EAST DAVIS BOULEVARD 234		Mailing Address 234 EAST DAVIS BOU TAMPA, FL 33606	34 EAST DAVIS BOULEVARD		94031687				
2. Principal Place of Business 3. (3. Mailing Address					15 11 12	 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03082004	Chg-NP	CR2E03	7 (10/03)	
City & State		City & State			4. FEI Number 59-3516	190		<u> </u>	oplied For
Zip	Country	Zip	Zip Cou		5. Certificate of Status Desired \$8.75 Additional Fee Required			ditional	
*.	6. Name and Address of Current R	legistered Agent	. 1		7. Name and A	ddress of New 1		•	:u
BADNETT	. SCUTT E			Name					
BARNETT, SCOTT F 234 EAST DAVIS BOULEVARD TAMPA, FL 33606				Street Address (P.O. Box Number is Not Acceptable)					
¥ .									
4				City			FL	Zip Cod	e
	named entity submits this statement for tions of registered agent.	the purpose of changing it	ts registere	d office or register	red agent, or both,	in the State of F	orida. Iam fa	amiliar with,	and accept
SIGNATURE		nd title if avalicable (NC		. J Agent signature required					
	Signature, typed or printed name of registered agent ar	to tibe ii applicable. (140	I E: Hegistered	Agent signature required	when reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2004	9. Election Ca Trust Fund	ampaign Fi	inancing	\$5.00 May Be Added to Fees		Make check		
10.	Filing Fee is \$61.25	9. Election Ca Trust Fund	ampaign Fi	inancing on.		Flo	Make check rida Depart	ment of Si	tate
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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 AND TIVED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 Date 974-7-825 Daytime Phone #