



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90119 028 \*\*\*\*61.25

<b>DOCUMENT # N98000003413</b> 1. Entity Name <b>SUNCOAST VENTURE FORUM, INC.</b>					
Principal Place of Business <b>234 EAST DAVIS BOULEVARD TAMPA, FL 33606</b>				Mailing Address <b>234 EAST DAVIS BOULEVARD TAMPA, FL 33606</b>	
2. Principal Place of Business <b>4202 E. Fowler Ave</b> Suite, Apt. #, etc. <b>BSN 3403</b>		3. Mailing Address <b>4202 E. Fowler Ave</b> Suite, Apt. #, etc. <b>BSN 3403</b>		<b>20027273</b> 	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>59-3516190</b>	
Zip <b>33620</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BARNETT, SCOTT F 234 EAST DAVIS BOULEVARD TAMPA, FL 33606</b>				7. Name and Address of New Registered Agent Name <b>(SAME)</b> Street Address (P.O. Box Number is Not Acceptable) <b>412 E Madison St #900</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33602</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO FOUNTAIN, MICHAEL W 4202 E FOWLER AVE TAMPA, FL 3362-500	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BUDD, STEPHEN R 4202 E FOWLER AVE TAMPA, FL 336205500	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BODC BARNETT, SCOTT 234 E DAVIS BLVD TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(SAME) (SAME) 412 E. Madison St. # 900 Tampa, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: <u>Stephen A. Budd</u> STEPHEN BUDD</b> <span style="float: right;"><b>4/1/05</b></span>					