

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004460

FILED
May 01, 2006
Secretary of State

Entity Name: SUNCOAST SCHOOL FOR INNOVATIVE STUDIES, INC.

Current Principal Place of Business:

1300 SOUTH TUTTLE AVENUE
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1300 SOUTH TUTTLE AVENUE
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-0854393 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

J. GEOFFREY PFLUGNER
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MESSINA, LAURIE
Address: 2332 ARDEN DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: VD () Delete
Name: KIRCHNER, JAN
Address: 1315 LANDINGS DR.
City-St-Zip: SARASOTA, FL 34231

Title: SD () Delete
Name: SUCZEWSKI, DIANE
Address: 1955 ROLLING GREEN
City-St-Zip: SARASOTA, FL 34246

Title: TD () Delete
Name: BERNSTEIN, SUSAN
Address: 5591 SIESTA ESTATES CT.
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: FROMMHOLZ, PHIL
Address: 4851 OAK POINTE WAY
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE MESSINA

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date