

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705878

**Entity Name:** SUNTAN ART CENTER, INC.**Current Principal Place of Business:**3300 GULF BLVD  
ST PETE BEACH, FL 33706**Current Mailing Address:**3300 GULF BLVD  
ST PETE BEACH, FL 33706**FEI Number:** 23-7033821**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MILKEY, JEANNE  
3300 GULF BLVD  
ST PETE BEACH, FL 33706 US*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:** JEANNE MILKEY

02/06/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           JACKSON, BEVERLY  
Address        2804 SUNSET WAY  
City-State-Zip: ST PETE BEACH FL 33706

Title            TREASURER  
Name           MILKEY, JEANNE  
Address        2813 SUNSET WAY  
City-State-Zip: ST PETE BEACH FL 33706

Title            SECRETARY  
Name           MARY PAT, BYRNE  
Address        4850 OSPREY DRIVE SOUTH  
                 UNIT #105  
City-State-Zip: ST PETERSBURG FL 33711

Title            OFFICER  
Name           LANE, LOIS A  
Address        6294 BAHIA DEL MAR CIR  
                 #703  
City-State-Zip: ST PETERSBURG FL 33715

Title            OFFICER  
Name           JUSSEAUME, RAYMOND  
Address        7407 KING'S DRIVE  
City-State-Zip: ELLENTON FL 34222

Title            VP  
Name           THOMPSON, PAUL  
Address        3300 GULF BLVD  
City-State-Zip: ST PETE BEACH FL 33706

Title            OFFICER  
Name           JONES, LIBIT  
Address        3300 GULF BLVD  
City-State-Zip: ST PETE BEACH FL 33706

Title            OFFICER  
Name           BRAGG, DIANE  
Address        3300 GULF BLVD  
City-State-Zip: ST PETE BEACH FL 33706

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*I hereby 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 all other like empowered.*

**SIGNATURE:** JEANNE MILKEY**TREASURER**

02/06/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           OFFICER  
Name           HUNKA, NANCY  
Address        5040 49TH AVENUE N.  
City-State-Zip: ST. PETERSBURG FL 33709

Title           OFFICER  
Name           JAMES, CAROLYN  
Address        3300 GULF BLVD  
City-State-Zip: ST PETE BEACH FL 33706

Title           OFFICER  
Name           BOYD, STUART  
Address        3300 GULF BLVD  
City-State-Zip: ST PETE BEACH FL 33706