

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002468

Entity Name: FPA OF THE SUNCOAST, INC.**Current Principal Place of Business:**3900 CLARK ROAD
SUITE B5
SARASOTA, FL 34233**Current Mailing Address:**3900 CLARK ROAD
SUITE B5
SARASOTA, FL 34233**FEI Number:** 65-0999767**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALKIRE, CHARLES
3900 CLARK ROAD
SUITE B5
SARASOTA, FL 34233 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	ALKIRE, CHARLES
Address	3900 CLARK RD. STE B-5
City-State-Zip:	SARASOTA FL 34233

Title	DIRECTOR
Name	LARSEN, JEAN P
Address	402 DONA DR
City-State-Zip:	NOKOMIS FL 34275-2612

Title	DIRECTOR
Name	SMITH, CARLA PL
Address	2 N TAMiami TRL STE 506
City-State-Zip:	SARASOTA FL 34236

Title	TREASURER, SECRETARY
Name	COUTURE, PHILLIP Q
Address	3293 FRUITVILLE RD STE 108
City-State-Zip:	SARASOTA FL 34237

Title	PRESIDENT
Name	MARTONE-CECIL, RENEE
Address	7317 MERCHANT CT STE B
City-State-Zip:	SARASOTA FL 34240

Title	DIRECTOR
Name	DOWNS, JOSEPH P
Address	3947 CLARK RD
City-State-Zip:	SARASOTA FL 34233

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: PHILLIP COUTURE**TREASURER****01/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date