**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 08, 2014**
**Secretary of State**
**CC9097439098**

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 | MANYAK, GEORGE |
| Address | 2080 RINGLING BLVD |
| City-State-Zip: | SARASOTA FL 34286 |

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

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

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

| | |
|---|---|
| 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<br>STE 506 |
| City-State-Zip: | SARASOTA FL 34236 |

*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/SECRETARY 02/08/2014

Electronic Signature of Signing Officer/Director Detail — Date