

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

DOCUMENT# N03357

**Entity Name:** SUNCOAST FOUNDATION FOR HANDICAPPED CHILDREN, INC.**FILED**  
**Mar 26, 2014**  
**Secretary of State**  
**CC0472123839****Current Principal Place of Business:**2015 TUTTLE AVE. S. STE B  
SARASOTA, FL 34239**Current Mailing Address:**2015 TUTTLE AVE. S. STE B  
SARASOTA, FL 34239 US**FEI Number: 59-2417258****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FOXWORTHY, H. RONALD  
2180 CORNELL STREET  
SARASOTA, FL 33577 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	PD	Title	DIRECTOR
Name	FLANDERS, ROBERT	Name	FOXWORTHY, RON
Address	3106 DICK WILSON DR.	Address	2180 CORNELL
City-State-Zip:	SARASOTA FL 34240	City-State-Zip:	SARASOTA FL
Title	TSD	Title	VP
Name	CALVIN, ERB	Name	TUCKER, HOLLIS
Address	2015 SOUTH TUTTLE AVE STE B	Address	2180 9TH ST
City-State-Zip:	SARASOTA FL 34237	City-State-Zip:	SARASOTA FL 34237
Title	D	Title	D
Name	DONALD, MCDONOUGH	Name	DONALD, POWERS
Address	6468 PARKLAND DR.	Address	6212 SINGLETREE TR.
City-State-Zip:	SARASOTA FL 34243	City-State-Zip:	SARASOTA FL 34241

*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: CALVIN ERB****TSD****03/26/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date