

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12288

Entity Name: SUNCOAST PERFORMING ARTS FOUNDATION, INC.**Current Principal Place of Business:**LARGO CULTURAL CENTER
105 CENTRAL PARK DR
LARGO, FL 33771**Current Mailing Address:**SUNCOAST PERFORMING ARTS FOUNDATION, INC
P.O BOX 1030
LARGO, FL 33779 US**FEI Number:** 59-2597553**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BORDEAUX, SUSAN B
11100 IROQUOIS WAY
LARGO, FL 33774 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:** SUSAN B BORDEAUX

03/09/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	OSBORNE, MARILYN SUE
Address	746 VALENCIA DR., N
City-State-Zip:	LARGO FL 33778
Title	DIR
Name	FEASTER, KIM
Address	13300 INDIAN ROCKS RD., VILLA #1304
City-State-Zip:	LARGO FL 33774
Title	DIR
Name	MARGARET, COUPE
Address	100 OAKMONT LANE
City-State-Zip:	CLEARWATER FL 33756
Title	DIRECTOR
Name	TOPPE, JOHN
Address	210 14TH AVENUE NORTH
City-State-Zip:	ST. PETERSBURG FL 33701

Title	PRESIDENT
Name	LEHAN, LLOYD D
Address	155 8TH AVE NE
City-State-Zip:	ST. PETERSBURG FL 33701
Title	DIR
Name	HALL, JUDITH F
Address	101 BAYWOOD AVE
City-State-Zip:	CLEARWATER FL 33765
Title	TREASURER
Name	CONLIN, JAMES
Address	1600 GULF BLVD 316
City-State-Zip:	CLEARWATER BEACH FL 33767
Title	DIRECTOR
Name	FLURNOY, MARYA
Address	2054 LARCHMONT WAY
City-State-Zip:	CLEARWATER FL 33764

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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: LLOYD D LEHAN

PRESIDENT

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	FLURNOY, RON
Address	2054 LARCHMONT WAY
City-State-Zip:	CLEARWATER FL 33764