

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12288

Entity Name: SUNCOAST PERFORMING ARTS FOUNDATION, INC.**Current Principal Place of Business:**

CENTRAL PARK PERFORMING ARTS FOUNDATION
40 PINDO PALM ST E
LARGO, FL 33770

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:**

WAGNER, SHELLEY L
CENTRAL PARK PERFORMING ARTS FOUNDATION
40 PINDO PALM ST E
LARGO, FL 33770 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: SHELLEY L WAGNER

03/06/2024

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 PRESIDENT
Name LEHAN, LLOYD D
Address 155 8TH AVE NE
City-State-Zip: ST. PETERSBURG FL 33701

Title DIR
Name FEASTER, KIM
Address 13300 INDIAN ROCKS RD., VILLA
#1304
City-State-Zip: LARGO FL 33774

Title DIR, TREASURER
Name HALL, JUDITH F
Address 101 BAYWOOD AVE
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR, VP
Name TOPPE, JOHN
Address 210 14TH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name MCMANUS NOBLE, DANIELLE
Address 1654 S. BETTY LANE
City-State-Zip: CLEARWATER FL 33776

Title DIRECTOR
Name BARTLETT, FRAN
Address 460 PONCE DE LEONE BLVD
City-State-Zip: BELLEAIR FL 33756

Title DIRECTOR
Name BRUNDRETTE, PATTY
Address 1804 NORTHWOOD DRIVE
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

03/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCGRAW, KAREN
Address 145 175 TERRACE DR. E.
City-State-Zip: REDINGTON SHORES FL 33708

Title DIRECTOR
Name PINCINCE, KRISTA
Address 201 HIGHLAND AVE
City-State-Zip: LARGO FL 33770

Title DIRECTOR
Name LEHAN, CJ
Address 155 8TH AVENUE NE
City-State-Zip: ST PETE FL 33701

Title DIRECTOR
Name SMITH, KINNEAR K
Address 147 BLUFF VIEW DR
104
City-State-Zip: BELLEAIR BLLUFFS FL 33770