


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 750425
 1. Corporation Name
SUNCOAST CHURCH OF CHRIST INC

Principal Place of Business Mailing Address
5561 HYPOLOXU ROAD 5561 HYPOLOXU ROAD
LAKEWORTH LAKEWORTH
FLORIDA 33463-4301 FLORIDA 33463-4301

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 25 Country 28 Zip 30 Country

3. Date Incorporated or Qualified **12/31/1979** 3a. Date of Last Report **05/01/1996**
 4. FEI Number **59-0389375** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WILLIAM MATETZSCH
5561 HYPOLOXU ROAD
LAKEWORTH
FL 33463

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent: signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	RAYMOND RUSSELL	
STREET ADDRESS	3827 WOODSWALK BLVD	
CITY-ST-ZIP	LAKEWORTH FL 33463	
TITLE	SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	CLARENCE LALLA	
STREET ADDRESS	6190 HONEYWOOD WAY	
CITY-ST-ZIP	LAKEWORTH FL 33463	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	RAYMOND RUSSELL	
STREET ADDRESS	3827 WOODSWALK BLVD	
CITY-ST-ZIP	LAKEWORTH FL 33463	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		CLARENCE LALLA	
1.3 STREET ADDRESS		6190 HONEYWOOD WAY	
1.4 CITY-ST-ZIP		LAKEWORTH FL 33463	
2.1 TITLE	D	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		RICHARD LERRO	
2.3 STREET ADDRESS		6565 MONTMOUTH ROAD	
2.4 CITY-ST-ZIP		W PALM BEACH FL 33413	
3.1 TITLE	D	WILLIAM MATETZSCH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		5561 HYPOLOXU ROAD	
3.3 STREET ADDRESS		LAKEWORTH FL 33463	
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		600002211856	
6.3 STREET ADDRESS		-06/13/97--01088--024	
6.4 CITY-ST-ZIP		***61.25	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **CLARENCE LALLA** *Clarence Lalla - PRESIDENT* 4-29-97 (56) 439-2686
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)