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**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90144 032 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 750425**

1. Corporation Name

**SUNCOAST CHURCH OF CHRIST, INC.**

Principal Place of Business

5561 HYPOLUXO ROAD  
 LAKE WORTH FL 33463-4301

Mailing Address

5561 HYPOLUXO ROAD  
 LAKE WORTH FL 33463-4301



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

12/31/1979

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

9. Name and Address of Current Registered Agent

**RUSSELL, RAYMOND**  
 5561 HYPOLUXO ROAD  
 LAKE WORTH FL 33463-4301

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 PD  DELETE

NAME **LALLA, CLARENCE**  
 STREET ADDRESS **6190 HONEYWOOD WAY**  
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE D  DELETE

NAME **LERRO, RICHARD J**  
 STREET ADDRESS **6585 MONMOUTH RD**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE D  DELETE

NAME **GOSA, RAY**  
 STREET ADDRESS **3757 SATIN LEAR COURT**  
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE SD  DELETE

NAME **ROGERS, JIM**  
 STREET ADDRESS **4231 DALE ROAD**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33461**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Clarence Lalla*  
**CLARENCE LALLA**  
 (PRESIDENT)

4-12-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)