

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750425

1. Entity 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 33463-7301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0389375

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LALLA, CLARENCE
STREET ADDRESS 6190 HONEYWOOD WAY
CITY-ST-ZIP LAKE WORTH FL ☐ Delete

TITLE D
NAME LERRO, RICHARD J
STREET ADDRESS 6585 MONMOUTH RD
CITY-ST-ZIP WEST PALM BEACH FL 33413 ☐ Delete

TITLE D
NAME GOSA, RAY
STREET ADDRESS 3757 SATIN LEAR COURT
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE SD
NAME ROGERS, JIM
STREET ADDRESS 4231 DALE ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33461 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~BERTRAM, W. RAY~~
NAME ~~2025 6TH CT. SOUTH~~
STREET ADDRESS ~~LAKE WORTH FL 33461~~ ☐ Change ☒ Addition
CITY-ST-ZIP

TITLE D
NAME BERTRAM, W. RAY
STREET ADDRESS 2025 6TH CT. SOUTH
CITY-ST-ZIP LAKE WORTH, FL 33461 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE LALLA RECLARENCE LALLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-00

Date

661-439-2686

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE