

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 750425

FILED
May 20, 2002 8:00 AM
Secretary of State

Entity Name: SUNCOAST CHURCH OF CHRIST, INC.

Current Principal Place of Business:

5561 HYPOLUXO ROAD
LAKE WORTH, FL 334634301

New Principal Place of Business:

Current Mailing Address:

5561 HYPOLUXO ROAD
LAKE WORTH, FL 334634301

New Mailing Address:

FEI Number: 59-0389375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUSSELL, RAYMOND
5561 HYPOLUXO ROAD
LAKE WORTH, FL 334634301

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LALLA, CLARENCE
Address: 6190 HONEYWOOD WAY
City-St-Zip: LAKE WORTH, FL

Title: D () Delete
Name: LERRO, RICHARD J,
Address: 6585 MONMOUTH RD
City-St-Zip: WEST PALM BEACH, FL 33413

Title: SD () Delete
Name: GOSA, RAY
Address: 3757 SATIN LEAR COURT
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD (X) Delete
Name: ROGERS, JIM
Address: 4231 DALE ROAD
City-St-Zip: WEST PALM BEACH, FL 33461

Title: D (X) Delete
Name: BERTRAM, RAY W
Address: 2025 6TH CT SOUTH
City-St-Zip: LAKE WORTH, FL 33461

Title: D (X) Delete
Name: VELEZ, FELIX
Address: 9609 ARBOR MEADOW DR
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CLARENCE LALLA

PD

05/20/2002

Electronic Signature of Signing Officer or Director

_____ Date