

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 751614 (9)**

1. Corporation Name  
**SUNCOAST CHRISTIAN HOUSING, INC.**



Principal Place of Business Mailing Address  
**1000 BURLINGTON AVE. N ST PETERSBURG FL 33705** **1000 BURLINGTON AVE. N ST PETERSBURG FL 33705**

3. Date Incorporated or Qualified **02/19/1980** 3a. Date of Last Report **03/28/1995**  
4. FET Number **43-1259794** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when terminating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STEPHENSON, AL</b>
STREET ADDRESS	<b>9001 134TH WAY N.</b>
CITY-ST-ZIP	<b>SEMINOLE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ELDON, ERNEST</b>
STREET ADDRESS	<b>2001 62ND AVENUE, SOUTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LANEY, ANDREW D</b>
STREET ADDRESS	<b>1200 KEENE ROAD</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>BARR, DAVID J.</b>
STREET ADDRESS	<b>3301 62ND ST N</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BARBEE, PHYLLIS</b>
STREET ADDRESS	<b>5701 21 AVE N 207</b>
CITY-ST-ZIP	<b>ST. PETERSBURG</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>SWENSON, GLENN</b>
STREET ADDRESS	<b>3521-6TH AVE N</b>
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *David J Barr* **DAVID J BARR** President 3/25/96 813-347-5930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)