

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90099 018 ****61.25

DOCUMENT # 751614
 1. Entity Name
SUNCOAST CHRISTIAN HOUSING, INC.

Principal Place of Business 1000 BURLINGTON AVE. N ST PETERSBURG FL 33705	Mailing Address 1000 BURLINGTON AVE. N ST PETERSBURG FL 33705
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DO NOT WRITE IN THIS SPACE

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 43-1259794	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	D <input type="checkbox"/> Delete
NAME	STEPHENSON, AL
STREET ADDRESS	9001 134TH WAY N.
CITY-ST-ZIP	SEMINOLE FL
TITLE	PD <input type="checkbox"/> Delete
NAME	BARR, DAVID J.
STREET ADDRESS	3301 62ND ST N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D <input type="checkbox"/> Delete
NAME	BARBEE, PHYLLIS
STREET ADDRESS	5701 21 AVE N 207
CITY-ST-ZIP	ST. PETERSBURG
TITLE	TD <input type="checkbox"/> Delete
NAME	SWENSON, GLENN
STREET ADDRESS	3521-6TH AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	D <input type="checkbox"/> Delete
NAME	LAWRENCE, ELENA
STREET ADDRESS	2067 62ND PLACES
CITY-ST-ZIP	ST PETERSBURG FL 33712
TITLE	D <input type="checkbox"/> Delete
NAME	HANNA, ELAINE
STREET ADDRESS	4175 20TH STREET, NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *DAVID BARR* **President** **A-30-2001** **727 347 5930**

CR2E037 (10/00)