

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
43-1259794

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEPHENSON, AL
STREET ADDRESS	9001 134TH WAY N.
CITY-ST-ZIP	SEMINOLE, FL
TITLE	PD
NAME	BARR, DAVID J.
STREET ADDRESS	3301 62ND ST N
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	TD
NAME	SWENSON, GLENN
STREET ADDRESS	3521-6TH AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 00000,
TITLE	D
NAME	LAWRENCE, ELENA
STREET ADDRESS	2067 62ND PLACES
CITY-ST-ZIP	ST PETERSBURG, FL 33712
TITLE	D
NAME	HANNA, ELAINE
STREET ADDRESS	4175 20TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000183969
01/20/05-80010-025 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #