

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751614

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: SUNCOAST CHRISTIAN HOUSING, INC.

**Current Principal Place of Business:**

1000 BURLINGTON AVE, N  
ST PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

1000 BURLINGTON AVE, N  
ST PETERSBURG, FL 33705

**New Mailing Address:**

FEI Number: 43-1259794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**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: D ( ) Delete  
Name: STEPHENSON, AL,  
Address: 9001 134TH WAY N.  
City-St-Zip: SEMINOLE, FL

Title: PD ( ) Delete  
Name: BARR, DAVID J.,  
Address: 3301 62ND ST N  
City-St-Zip: ST PETERSBURG, FL

Title: TD ( ) Delete  
Name: SWENSON, GLENN,  
Address: 3521-6TH AVE N  
City-St-Zip: ST PETERSBURG, FL 00000,

Title: D ( ) Delete  
Name: LAWRENCE, ELENA  
Address: 2067 62ND PLACES  
City-St-Zip: ST PETERSBURG, FL 33712

Title: D ( ) Delete  
Name: HANNA, ELAINE  
Address: 4175 20TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL

**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  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID J. BARR

PD

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date