

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90143 033 ****61.25

DOCUMENT # N04000007941

1. Entity Name
SURFSIDE COMMUNITY CHURCH, INC.



Principal Place of Business
 1128 S 7 ST
 FT PIERCE, FL 34950

Mailing Address
 P.O. BOX 2717
 FT PIERCE, FL 34954-2717

2. Principal Place of Business
7100 Brookline Ave.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Fort Pierce, FL

City & State

Zip Country
34951 United States

Zip Country

04142005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-1543570

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

YOUNG, MAKR
 1128 S 7 ST
 FT PIERCE, FL 34950

7. Name and Address of New Registered Agent

Name **MARK YOUNG**
 Street Address (P.O. Box Number is Not Acceptable)
7100 Brookline Ave.
 City **FORT PIERCE** **FL** Zip Code **34951**

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 *Mark A. Young*, **MARK A. YOUNG** **4/27/05**
Signature, typed or printed name of registered agent or officer, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, MARK 1128 S 7 ST FT PIERCE, FL 34950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARK YOUNG 7100 BROOKLINE AVE. FT. PIERCE, FL 34951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shelly WJATER 440 NW FLORESTA DRIVE PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christopher Wolf 2975 YATES Road FORT PIERCE, FL 34981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Teri Young 7100 BROOKLINE AVE FORT PIERCE, FL 34951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

Mark A. Young