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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90054 009 \*\*\*\*61.25

**DOCUMENT # N94000003569**

1. Corporation Name

**SONCOAST CHRISTIAN MINISTRIES, INC.**

Principal Place of Business

201 SW 1ST AVE  
BOCA RATON FL 33432  
US

Mailing Address

201 SW 1ST AVE  
BOCA RATON FL 33432  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/20/1994

4. FEI Number

65-0507128

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

9. Name and Address of Current Registered Agent

COWEN, D. CHRISTOPHER  
2161 NW 40TH AVE  
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 *D. Christopher Cowen*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME COWEN, D. CHRISTOPHER  
STREET ADDRESS 2161 NW 40TH AVE  
CITY-ST-ZIP COCONUT CREEK FL

TITLE TD ☐ DELETE

NAME HARDEN, DAVE  
STREET ADDRESS 516 N. SWINTON AVENUE  
CITY-ST-ZIP DELRAY BEACH FL

TITLE VD ☒ DELETE

NAME MULLER, ROBERT E  
STREET ADDRESS 227 KEY PALM RD  
CITY-ST-ZIP BOCA RATON FL

TITLE SD ☒ DELETE

NAME SCHENATZKI, MICHAEL  
STREET ADDRESS 214 2ND AVENUE  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☐ Change ☒ Addition

1.2 NAME Sam Perun  
1.3 STREET ADDRESS 104 Gardens Drive, #102  
1.4 CITY-ST-ZIP Pompano Beach, FL 33069

2.1 TITLE SD ☐ Change ☒ Addition

2.2 NAME Douglas Stotler  
2.3 STREET ADDRESS 5180 Fearnley Road  
2.4 CITY-ST-ZIP Lake Worth, FL 33467

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *D. Christopher Cowen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

(561) 347-1929

CR2E037 (11/98)