

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007941

**FILED**  
**Apr 22, 2020**  
**Secretary of State**  
**5359609588CC**

**Entity Name:** SURFSIDE COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

3731 OLEANDER AVENUE  
SUITE 109  
FORT PIERCE, FL 34982

**Current Mailing Address:**

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

**FEI Number:** 20-1543570

**Certificate of Status Desired:** No

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

YOUNG, MARK  
2830 RAINBOW DRIVE  
FORT PIERCE, FL 34981 US

*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

**Officer/Director Detail :**

Title PD, PASTOR  
Name YOUNG, MARK  
Address 2830 RAINBOW DRIVE  
City-State-Zip: FORT PIERCE FL 34981

Title ELDER, DIRECTOR  
Name HUGHES, SHARON  
Address 1818 SW LOFGREN AVENUE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title DIRECTOR, ELDER  
Name SHEFFER, CURTIS  
Address 1212 SOUTH 11TH STREET  
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR, ELDER  
Name MURDOCK, MELISSA  
Address 249 BIMINI DRIVE  
City-State-Zip: FORT PIERCE FL 34949

Title ELDER, DIRECTOR  
Name MEUTER, TIM  
Address P.O. BOX 2717  
City-State-Zip: FT PIERCE FL 34954-2717

Title ELDER, DIRECTOR  
Name SHEFFER, CHERI  
Address 1212 SOUTH 11TH STREET  
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR, ELDER  
Name MERRITT TREFZ, KRYSTAL LYNN  
Address P.O. BOX 2717  
City-State-Zip: FT PIERCE FL 34954-2717

Title DIRECTOR, ELDER  
Name THOMASELLI, MEGAN  
Address 2182 SW BURLINGTON STREET  
City-State-Zip: PORT SAINT LUCIE FL 34984

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARK A. YOUNG

**PASTOR**

**04/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date