FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **704102** **(3)**

1. Corporation Name

SUNCOAST BAPTIST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6559 126TH AVENUE N. LARGO FL 34643	6559 126TH AVENUE N. LARGO FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/28/1962**
3a. Date of Last Report: **03/07/1994**
4. FEI Number: **59-0975654** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

LLOYD, CATHY
6559 126TH AVENUE, NORTH
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE		☐ Change ☐ Addition
NAME	LLOYD, CATHY	1.2 NAME		
STREET ADDRESS	6559 126TH AVE N	1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	T	☒ Change ☐ Addition
NAME	COOLEY, FRED	2.2 NAME	Lewis Lampley	
STREET ADDRESS	4001 74TH ST. N.	2.3 STREET ADDRESS	3619 18th Ave. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg FL 33711	
TITLE	VD	3.1 TITLE	T	☒ Change ☐ Addition
NAME	LAMPLEY, LEWIS	3.2 NAME	Gary Gates	
STREET ADDRESS	3819 18 AVE S	3.3 STREET ADDRESS	1595 Michigan Blvd	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	Dunedin FL 34698	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	GIBBS, EC	4.2 NAME		
STREET ADDRESS	426 KING PALM	4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Cathy Lloyd Cathy Lloyd, Secretary 3/22/95 (813)530-0431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047074