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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 704102 (3)

1. Corporation Name

SUNCOAST BAPTIST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6559 126TH AVENUE N. LARGO FL ~~34649~~	6559 126TH AVENUE N. LARGO FL 33773-1835

3. Date Incorporated or Qualified: 05/28/1962
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 33773 / Country 25	Zip 29 / Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LLOYD, CATHY
6559 126TH AVENUE, NORTH
LARGO FL ~~34649~~ 33773

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	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	T	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SMITH, GENE		2.2 NAME		
STREET ADDRESS	6561 CIRCLE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	GATES, GARY		3.2 NAME	EDWARD GILMAN	
STREET ADDRESS	1595 MICHIGAN BLVD		3.3 STREET ADDRESS	2587 PINE COVE LN.	
CITY-ST-ZIP	DUNEDIN FL		3.4 CITY-ST-ZIP	CLEARWATER, FL. 34621	
TITLE	TD	☐ DELETE	4.1 TITLE	T	☒ 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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Cathy Lloyd CATHY LLOYD, CLERK 2-5-97 (813)530-0431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051761