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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 ~~34643~~	6559 126TH AVENUE N. LARGO FL ~~34643~~

3. Date Incorporated or Qualified: 05/28/1962

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

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: SUZY S. RYAN
82 Street Address (P.O. Box Number is Not Acceptable)
83: 6559 126TH AVENUE N.
84 City: LARGO FL 85 Zip Code: 33773

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: Suzy S. Ryan — SUZY S. RYAN, CLERK — DATE: 2-16-98
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	D	☒ DELETE	1.1 TITLE	D; S	☒ Change ☐ Addition
NAME	LLOYD, CATHY		1.2 NAME	SUZY S. RYAN	
STREET ADDRESS	6559 126TH AVE N		1.3 STREET ADDRESS	6559 126 TH. AVE. N.	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	LARGO, FL 33773	
TITLE	T	☒ DELETE	2.1 TITLE	TR	☒ Change ☐ Addition
NAME	SMITH, GENE		2.2 NAME	GARY RUCKER	
STREET ADDRESS	6561 CIRCLE BLVD		2.3 STREET ADDRESS	1901 MCMULLEN ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	LARGO, FL 33771	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GILMAN, EDWARD		3.2 NAME		
STREET ADDRESS	2587 PINE COVE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	GIBBS, EC		4.2 NAME	CHARLES WADE	
STREET ADDRESS	426 KING PALM		4.3 STREET ADDRESS	10310 66TH ST. N.	
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP	PINELLAS PARK, FL 33782	
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 (10/97)

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.

SIGNATURE: Suzy S. Ryan — SUZY S. RYAN, CLERK 2/16/98 (813)530-0431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #