## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 704102**

SUNCOAST BAPTIST ASSOCIATION, INC.

| Principal Place of Bu               | isines |
|-------------------------------------|--------|
| 6559 126TH AVENUE<br>LARGO FL 33773 | N.     |

Mailing Address

## FILED Apr 20, 1999 8:00 am § Secretary of State

04-20-1999 90253 024 \*\*\*\*61.25

| 6559 126TH AV<br>LARGO FL 337<br>US |   |                                    |                         |                                   |                  |  |               |                 |            |  |
|-------------------------------------|---|------------------------------------|-------------------------|-----------------------------------|------------------|--|---------------|-----------------|------------|--|
| 2. Principal P                      | lace of Business  | 2a. Mailing Address                |                         |                                   |                  | 3. Date Incorporated or Qualifed         | <del>-</del>  |                 |            |  |
| 21                                  |   | 26                                 |                         |                                   |                  | 05/28/1962                               |               |                 |            |  |
| Suite, Apt.                         | #, etc.   | Suite, Apt. #, etc.                |                         |                                   |                  | 4. FEI Number                            | • .           | · · ·           | lied For   |  |
| 22                                  |   | 27                                 |                         |                                   |                  | 59-0975654                               |               | <del></del>     | Applicable |  |
| City & Stat                         | е   | City & State                       |                         |                                   |                  | 5. Certifcate of Status Desired          |               | \$8.75 A        | 1          |  |
| 23 Zip                              | Country   | Zip                                | Country                 | ,                                 |                  | 6. Election Campaign Financing           |               | \$5.00          | Any Bo     |  |
| <del>-</del>                        | 25 29 30  |                                    | n 1 01 2.000            |                                   |                  | Trust Fund Contribution                  |               | Added to        |            |  |
| 24                                  | 9. Name and Address of Current  |                                    | <del>'</del> '          |                                   |                  | 10. Name and Address of New R            | legistered    |                 |            |  |
|                                     | V. Hallo dita Addicas at Gallani  |                                    | 81                      | Name                              |                  |  |               |                 |            |  |
|                                     |   |                                    |                         |                                   | <u>R</u>         | on ¢hin Sue                              |               |                 |            |  |
| RYAN, SU                            | ZY S  |                                    | 82                      | Street                            | Addres           | ss (P.O. Box Number is Not Accepta       | ible)         |                 |            |  |
| 6559 126T                           | H AVE N   |                                    | 83                      |                                   |                  | 559 <u>126th Ave. N.</u>                 |               |                 |            |  |
| LARGO FL                            | . 33773   |                                    | 63                      | 1                                 | L                | argo, FL 33773                           |               |                 |            |  |
|                                     |   |                                    | 84                      | City                              | •                | · · · · · · · · · · · · · · · · · · ·    | FL            | 85 Zip C        |            |  |
|                                     |   |                                    | 11                      | <u> </u>                          |                  | the statement for the                    |               | - 3377          |            |  |
| agent. I a                          | to the provisions of Sections 617.0502<br>egisterethagent, or both, in the Start of<br>m familiar with, and accept the obligati | ons of, Section 617.0503, Florida  | orized by<br>a Statutes | the corp                          | oration          | 's board of directors. I hereby accep    | t the appoi   | ntment as reg   | istered    |  |
| SIGNATURE                           | Signature, typed or printed name of registered agent  | and title if applicable. (NOTE: Re | gistered Age            | nt signature i                    | required v       | when reinstating)                        | DATE          |                 |            |  |
| 12.                                 | OFFICERS AND  | DIRECTORS                          | 13.                     | -                                 |                  | ADDITIONS/CHANGES TO OF                  | FICERS AN     | ID DIRECTOR     | RS IN 12   |  |
| TITLE                               | DS  | X <b>∑</b> F0ELETE                 | 1.1 TITLE               |                                   | DS               | •  |               | <b>K</b> Change | ☐ Addition |  |
| NAME                                | <del>-</del>  |                                    | 1.2 NAME                |                                   | 1                | n Chin Sue                               |               |                 |            |  |
| STREET ADDRESS                      |   |                                    | 1.3 STREE               | STREET ADDRESS 6559 126th Ave. N. |                  |  |               |                 |            |  |
| CITY-ST-ZIP                         | 0000 120111 AVE 14  |                                    |                         |                                   |                  | rgo, Fl 33773                            |               |                 |            |  |
| TITLE                               | Transfer exe  |                                    | 2.1 TITLE               |                                   | Bruce Crawford . |  | Te            | Change          | Addition   |  |
|                                     | Į in  |                                    | I DI                    |                                   |                  |  |               | ,               | ŀ          |  |
| NAME                                | NOOKEN, CART  |                                    |                         |                                   | 1616             | 25 N. MCmullen Rd.<br>earwater, FL 33716 | '             |                 |            |  |
| STREET ADDRESS                      | 1307 MOMOLLEIA IID  |                                    | 2.4 CITY-ST-ZIP         |                                   |                  | Sarwacer, I'E' 337.10                    | ستبند يستنع ۽ |                 |            |  |
| CITY-ST-ZIP                         | DODGETE.  |                                    | _                       | SI-ZIP                            |                  |  |               | Change          | Addition   |  |
| TITLE                               | D.  |                                    | 3.1 TITLE               |                                   |                  |  |               | <del></del>     |            |  |
| NAME                                | GILMAN, EDWARD  |                                    | 3.2 NAME                |                                   |                  |  |               |                 |            |  |
| STREET ADDRESS                      | 2507 THE COVE DAKE  |                                    | 3.3 STREET ADDRESS      |                                   | 1                |  |               |                 |            |  |
| CITY-ST-ZIP                         | VECNIMATERIA  |                                    | 3.4. CITY-5             | ST-ZIP                            | -                |  |               | Change          | Addition   |  |
| TITLE                               | T DELETE 4.1 TI   |                                    | 4,1 TITLE               |                                   |                  |  |               | ☐ Change        | ☐ Addition |  |
| NAME                                | WADE, CHARLES   |                                    | 4.2 NAME                |                                   |                  |  |               |                 | 1          |  |
| STREET ADDRESS                      | 10310 66TH ST N   | 4.3                                |                         | T ADDRESS                         | 1                |  |               |                 | 1          |  |
| CITY-ST-ZIP                         | PINELLAS PARK FL 33782  | LLAS PARK FL 33782 440             |                         | T-ZIP                             | 1                |  | •             |                 |            |  |
| TITLE                               |   | ☐ DELETE                           | 5.1 TITLE               |                                   |                  |  |               | ☐ Change        | ☐ Addition |  |
| NAME                                |   |                                    | 5.2 NAME                |                                   |                  |  |               |                 | İ          |  |
| STREET ADDRESS                      |   |                                    | 5.3 STREE               | TADDRESS                          |                  |  |               |                 |            |  |
| CITY-ST-ZIP                         |   |                                    | 5.4 CITY-S              | ST-ZIP                            |                  |  |               |                 |            |  |
| TITLE                               |   | ☐ DELETE                           | 6.1 TITLE               |                                   |                  |  |               | Change          | ☐ Addition |  |
| NAME                                |   |                                    | 6.2 NAME                |                                   |                  |  |               |                 |            |  |
| STREET ADDRESS                      | ]   |                                    | 6.3 STREE               | T ADDRESS                         | :                | •  |               | •               |            |  |
| CITY-ST-7IP                         |   |                                    | 6.4 CITY-S              | 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 andress, with all other like empowered.

**SIGNATURE:**