

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 704102**

1. Entity Name

SUNCOAST BAPTIST ASSOCIATION, INC.

Principal Place of Business

**6559 126TH AVENUE N.
LARGO FL 33773
US**

Mailing Address

**6559 126TH AVENUE N.
LARGO FL 33773
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0975654

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SUE, RON H
6559 126TH AVE N
LARGO FL 33773**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SUE, RON C 6559 126TH AVE N LARGO FL 33773	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TULLY, WOODIE 10585 119TH ST. N. SEMINOLE FL 33778	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMAN, EDWARD 2587 PINE COVE LANE CLEARWATER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VON MOSS, MIKE 635 7TH ST. S. SAFETY HARBOR FL 34695	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MADASZ, DAVID C 1100 ROVOERE RD PALM HARBOR FL 34683	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sara C. Green 6559 126th Ave. N. Largo FL 33733	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P madasz, David C 1100 ROVOERE Rd Palm Harbor, FL 34683	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ralston, Don 1190 East Lake Rd. S. Tampa Springs FL 34689	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E037 (10/00)