FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 05, 2002 8:00 am **DOCUMENT # 704102 Secretary of State** 1. Entity Name SUNCOAST BAPTIST ASSOCIATION, INC. 02-05-2002 90102 013 ****61.25 Principal Place of Business Mailing Address 6559 126TH AVENUE N. 6559 126TH AVENUE N. **LARGO FL 33773** LARGO FL 33773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0975654 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name Street Address (P.O. Box Number is Not Acceptable) SUE, RON H 6559 126TH AVE N **LARGO FL 33773** City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition GREEN, SARA C NAME NAME STREET ADDRESS 6559 126TH AVE N STREET ADDRESS LARGO FL 33773 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition TULLY, WOODIE NAME NAME 10585 119TH ST. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33778 CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition GILMAN, EDWARD NAME NAME 2587 PINE COVE LANE STREET ADDRESS STREET ADDRESS CLEARWATER FL CITY-ST-ZIP CITY-ST-ZIP TITLE ✓ Delete TITLE Ralston, Don □ Change ☐ Addition VON MOSS, MIKE NAME 1190 East Lake Rds STREET ADDRESS 635 7TH ST. S. STREET ADDRESS Tarpon Springs FL 34689 SAFETY HARBOR FL 34695 CITY-ST-ZIP CITY-ST-ZIP TITLE 🔀 Delete TITLE ☐ Change ☐ Addition michael Wetzel Madasz, david C NAME NAME STREET ADDRESS 1100 ROVOERE RD 1271 PINNIAS BAYWAY STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-7IP Tierra Verde TITLE □ Delete TITLE Change ☐ Addition RALSTON, DON NAME NAME STREET ADDRESS 1190 EAST LAKE RD \$ STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP 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

Date

Daytime Phone #