

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704102

FILED
Jan 12, 2007
Secretary of State

Entity Name: SUNCOAST BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

6559 126TH AVENUE N.
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

6559 126TH AVE. N.
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 59-0975654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, NANCY
6559 126TH AVE N
LARGO, FL 33773 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: KLINE, NANCY
Address: 6559 126TH AVE N
City-St-Zip: LARGO, FL 33773

Title: D () Delete
Name: GILMAN, EDWARD
Address: 6559 126TH AVE N
City-St-Zip: LARGO, FL 33773

Title: T () Delete
Name: WETZEL, MICHAEL
Address: 1271 PINELLAS BAYWAY
City-St-Zip: TIERRA VERDE, FL 33715

Title: T () Delete
Name: KANE, KEVIN
Address: 1818 29TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33704

Title: T () Delete
Name: VON MOSS, MICHAEL
Address: 525 14TH AVE S
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T () Delete
Name: SANDERS, GUY
Address: 6561 CIRCLE BLVD
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED GILMAN

Electronic Signature of Signing Officer or Director

DOM

01/12/2007

Date