


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 JUL 31 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 AVE. N. LARGO, FL 33773 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KLINE, NANCY 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Nancy Kline</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>7/25/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME KLINE, NANCY STREET ADDRESS 6559 126TH AVE N CITY-ST-ZIP LARGO, FL 33773	<input type="checkbox"/> Delete	T NAME Kline, William STREET ADDRESS 6559 126th Ave N CITY-ST-ZIP Largo, FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME MC MULLEN, LEWIS STREET ADDRESS 6559 126TH AVENUE N CITY-ST-ZIP LARGO, FL 33773	<input checked="" type="checkbox"/> Delete	T NAME McWilson, Ervin STREET ADDRESS 6559 126th Ave N CITY-ST-ZIP Largo, FL 33773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T NAME WETZEL, MICHAEL STREET ADDRESS 1271 PINELLAS BAYWAY CITY-ST-ZIP TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete	800133965618 08/05/08--01004--013 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME KANE, KEVIN STREET ADDRESS 1818 29TH AVE N CITY-ST-ZIP ST PETERSBURG, FL 33704	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME ROBERT, CHRISTIE STREET ADDRESS 2985 61ST STREET S CITY-ST-ZIP ST PETERSBURG, FL 33712	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME SANDERS, GUY STREET ADDRESS 6561 CIRCLE BLVD CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Nancy Kline</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>7/25/08</u> DAYTIME PHONE # <u>727-530-0431</u>	