FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **704461** **(3)**

1. Corporation Name

SUNTREE CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
104 NE THIRD ST SATTELLITE BEACH FL 32937 US	P.O. BOX 410007 MELBOURNE FL 32941

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1962
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-6146026 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26 104 NE 3rd St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Satellite Beach FL
Zip 24 / Country 25	Zip 29 32937 / Country 30 US

9. Name and Address of Current Registered Agent

MEREDITH, HAROLD L.
411 GRANT AVE
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☑ Change ☑ Addition
NAME	DYKES, ROBERT	1.2 NAME	
STREET ADDRESS	1472 WINDWARD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	32935
TITLE	DP	2.1 TITLE	☑ Change ☐ Addition
NAME	MEREDITH, HAROLD	2.2 NAME	
STREET ADDRESS	421 PENGUIN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH, FL 00000	2.4 CITY-ST-ZIP	32937
TITLE	DV	3.1 TITLE	☑ Change ☐ Addition
NAME	MEREDITH, DAVID	3.2 NAME	
STREET ADDRESS	2164 D AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. MELBOURNE FL	3.4 CITY-ST-ZIP	32904
TITLE	T	4.1 TITLE	☑ Change ☐ Addition
NAME	WERNER, WILLIAM	4.2 NAME	
STREET ADDRESS	2690 CHAPPARAL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	32904
TITLE	DV	5.1 TITLE	☑ Change ☐ Addition
NAME	VANDERSYS, ALLEN	5.2 NAME	
STREET ADDRESS	75 A E PALM DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH FL	5.4 CITY-ST-ZIP	32937
TITLE	DV	6.1 TITLE	☑ Change ☐ Addition
NAME	ANDERSON, NELSON J	6.2 NAME	
STREET ADDRESS	2120 B AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURN FL	6.4 CITY-ST-ZIP	Melbourne FL 32907

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 address.

SIGNATURE: William Werner **William Werner Treasurer** 4-15-15 (407) 729-5515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR/AR0