

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90106 043 ****70.00

DOCUMENT # 704461

1. Corporation Name

SUNTREE CHURCH OF CHRIST, INC.

Principal Place of Business

104 NE THIRD ST
SATTELLITE BEACH FL 32937
US

Mailing Address

104 N.E. 3RD STREET
SATTELLITE BEACH FL 32937
US



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

23

City & State

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City & State

Zip

Country

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9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/28/1962

4. FEI Number

59-6146026

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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 617.0502 and 617.1508, 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SD

STREET ADDRESS CONN, JAMES

CITY-ST-ZIP 170 MIAMI

CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ DELETE

NAME DP

STREET ADDRESS MEREDITH, HAROLD

CITY-ST-ZIP 421 PENGUIN DR

CITY-ST-ZIP SATTELLITE BCH, FL 00000

TITLE ☐ DELETE

NAME DV

STREET ADDRESS MEREDITH, DAVID

CITY-ST-ZIP 2164 D AVE

CITY-ST-ZIP W. MELBOURNE FL

TITLE ☐ DELETE

NAME T

STREET ADDRESS WERNER, WILLIAM

CITY-ST-ZIP 2690 CHAPPARAL DR

CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

NAME DV

STREET ADDRESS ANDERSON, NELSON J

CITY-ST-ZIP 2120 B AVE

CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 411 Grant Ave

3.4 CITY-ST-ZIP Satellite Beach FL 32937

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 4688 Canard Rd.

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 1438 Pace Dr NW

5.4 CITY-ST-ZIP Palm Bay FL 32907

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

William Werner SIGNATURE REQUIRED Werner Treas

4/11/99

407-729-5515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)