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NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 715879

1. Corporation Name

SUNCOAST EVANGELIZING ASSOCIATION, INC.

Principal Place of Business

3516 BAY TO BAY BLVD.
TAMPA FL 33629

Mailing Address

3516 BAY TO BAY BLVD.
TAMPA FL 33629

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	01/13/1969
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2585371 / Applied For / Not Applicable
City & State	City & State	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
23	28	
Zip / Country	Zip / Country	6. Election Campaign Financing ☐ $5.00 May Be
24 / 25	29 / 30	Trust Fund Contribution / Added to Fees

9. Name and Address of Current Registered Agent

BON DURANT, J. RAY
310 PALM ISLAND, N.E.
CLEARWATER FL 34630

81 Name	10. Name and Address of New Registered Agent
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 _J. Ray Bon Durant_ 1/27/99

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

12.   OFFICERS AND DIRECTORS

13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	☐ DELETE	1.1 TITLE
NAME	BONDURANT, J.RAY		1.2 NAME ☐ Change ☐ Addition
STREET ADDRESS	310 PALM ISLAND,N.E.		1.3 STREET ADDRESS
CITY-ST-ZIP	CLEARWATER, FL 00000		1.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	2.1 TITLE
NAME	MEISENBACH, JOHN A.		2.2 NAME ☐ Change ☐ Addition
STREET ADDRESS	3602 SANTIAGO ST		2.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA, FL 00000		2.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	3.1 TITLE
NAME	RIGGS, J SCOTT		3.2 NAME ☐ Change ☐ Addition
STREET ADDRESS	2226 S KINGS AVENUE		3.3 STREET ADDRESS
CITY-ST-ZIP	BRANDON FL 33511		3.4. CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE
NAME			4. 2 NAME ☐ Change ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE
NAME			5.2 NAME ☐ Change ☐ Addition
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE
NAME			6.2 NAME ☐ Change ☐ Addition
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E037 (11/98)

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: SIGNATURE REQUIRED   1/25/99 (813)839-5772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date