

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 719086

1. Entity Name
SUN COAST BAPTIST CHURCH, INC.



Principal Place of Business
**4726 STATE ROAD 54
NEW PORT RICHEY, FL 34652**

Mailing Address
**4726 STATE ROAD 54
NEW PORT RICHEY, FL 34652**

FILED
Jul 07, 2008 08:00 AM
Secretary of State



04302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6243508

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WONSEY, AMOS A
6235 FLORIDA AVENUE
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	NOGGLE, DAVID
STREET ADDRESS	7735 FOXWOOD DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	D
NAME	HARGIS, GLEN
STREET ADDRESS	5932 WESTLAKE DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	T
NAME	WINSEY, AMOS
STREET ADDRESS	6235 FLORIDA AVENUE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	D
NAME	DOTY, DONALD
STREET ADDRESS	6440 GOCENORS DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D
NAME	BROWN, HARRY
STREET ADDRESS	3445 ROYAL HART
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	D
NAME	HAUGHEY, TREVOR
STREET ADDRESS	608 MERES BLVD
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

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07/07/08-80002-018 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David E. Noggle **David Noggle**

6/21/08 **6/21/08**

Date

(757) 849-0345 **(757) 849-0345**

Daytime Phone #