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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722271** (4)
1. Corporation Name

SUNCOAST BAPTIST CHURCH TRUSTEES, INC.



Principal Place of Business 2033 LAUREL DRIVE NORTH FORT MYERS FL 33917	Mailing Address 2033 LAUREL DRIVE NORTH FORT MYERS FL 33917
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3. Date Incorporated or Qualified

12/15/1971

4. FEI Number

59-2640050

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, C. RALPH
2076 LAUREL LANE
NORTH FORT MYERS FL 33917**

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	T	☐ DELETE
NAME	MCGUIRE, TOM	
STREET ADDRESS	2757 GARDEN ST	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	

TITLE	T	☐ DELETE
NAME	MILLER, JOSEPH	
STREET ADDRESS	7041 SLATER PINES DR	
CITY-ST-ZIP	NORTH FT. MYERS FL	

TITLE	T	☐ DELETE
NAME	CRIFE, ROBERT	
STREET ADDRESS	8406 EVERHART DR	
CITY-ST-ZIP	NORTH FT. MYERS FL	

TITLE	T	☐ DELETE
NAME	DOUGLAS, BEN	
STREET ADDRESS	8270 SUNCOAST DR	
CITY-ST-ZIP	NORTH FORT MYERS FL	

TITLE	T	☐ DELETE
NAME	JONES, ALMOS	
STREET ADDRESS	17890 SLATER RD	
CITY-ST-ZIP	NORTH FT. MYERS 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	
3.4 CITY-ST-ZIP	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

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.

SIGNATURE: C. Ralph Williams REQUIRED

1-11-98

941-543-7744

CR2E037 (10/97)