FILED
May 30, 2002 8:00 am
Secretary of State
03-24-2002 90050 038 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722271

1. Entity Name

SUNCOAST BAPTIST CHURCH TRUSTEES, INC.

Principal Place of Business	Mailing Address
2033 LAUREL DRIVE NORTH FORT MYERS FL 33917	2033 LAUREL DRIVE NORTH FORT MYERS FL 33917

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: LEE	Zip / Country: LEE

4. FEI Number 59-2640050 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, C. RALPH 2078 LAUREL LANE NORTH FORT MYERS FL 33917	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

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

FILE NOW: FEE IS $61.25 CR# 8846

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DORAN, SCOTT 3042 DAFFODIL PORT CHARLOTTE FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SEC.~~ T ADMIRE, BURTON R. 7566 EBSON DRIVE NORTH FORT MYERS FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TENALIO, DOMENICK 8075 HECK DR NORTH FT. MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP T TENALIO, DOMENICK 8010 BOGART DRIVE NORTH FORT MYERS FL 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P T DOUGLAS, BEN 8270 SUNCOAST DR NORTH FORT MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FOOR, EMORY 2613 HARMONY AVENUE NORTH FORT MYERS FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T-SEC-T THARP, MICHAEL 7584 EBSON DR N FT MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 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: Ralph Edward Williams 3-10-2 941-543-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #