

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722271

FILED  
Jun 08, 2004  
Secretary of State

**Entity Name:** SUNCOAST BAPTIST CHURCH TRUSTEES, INC.

**Current Principal Place of Business:**

2033 LAUREL DRIVE  
NORTH FORT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

2033 LAUREL DRIVE  
NORTH FORT MYERS, FL 33917

**New Mailing Address:**

**FEI Number:** 59-2640050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: DOUGLAS, BEN  
Address: 8270 SUNCOAST DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: T ( ) Delete  
Name: THARP, MICHAEL  
Address: 7584 EBSON DR  
City-St-Zip: N FT MYERS, FL 33917

Title: ST ( ) Delete  
Name: ADMIRE, BURTON R  
Address: 7566 EBSON DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: T ( ) Delete  
Name: FOOR, EMORY  
Address: 2613 HARMONY AVENUE  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: PT ( ) Delete  
Name: GEDDINGS, JOHN  
Address: 2172 CORONET ST.  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. RALPH WILLIAMS

RA

06/08/2004

Electronic Signature of Signing Officer or Director

Date