

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90306 036 ****61.25

DOCUMENT # 722271

1. Entity 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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
2076 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. 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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☒ Delete
NAME DOUGLAS, BEN
STREET ADDRESS 8270 SUNCOAST DR
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE PT ☐ Change ☒ Addition
NAME JOHN W. BAKER, JR.
STREET ADDRESS 2053 LAUREL LANE
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

TITLE T ☒ Delete
NAME THARP, MICHAEL
STREET ADDRESS 7584 EBSON DR
CITY-ST-ZIP N FT MYERS FL 33917

TITLE VT ☐ Change ☒ Addition
NAME PHILIP KIBLER
STREET ADDRESS 7695 EBSON DRIVE
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

TITLE ST ☐ Delete
NAME ADMIRE, BURTON R
STREET ADDRESS 7566 EBSON DRIVE
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME FOOR, EMORY
STREET ADDRESS 2613 HARMONY AVENUE
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE ST ☐ Change ☒ Addition
NAME ARTHUR DOONE
STREET ADDRESS 8010 BOGART DRIVE
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

TITLE PT ☒ Delete
NAME GEDDINGS, JOHN
STREET ADDRESS 2172 CORONET ST.
CITY-ST-ZIP FORT MYERS FL 33907

TITLE TT ☐ Change ☒ Addition
NAME DOMENICK A. TENALIO
STREET ADDRESS 8010 BOGART DRIVE
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *C. Ralph Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-05 239.543-7744
Date Daytime Phone #