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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751395 (5)

1. Corporation Name

SUNCOAST UNITY MINISTERS, INC.



Principal Place of Business

8210 W WATERS
TAMPA FL 33615
US

Mailing Address

P.O. BOX 260843
TAMPA FL 33685-0843
US

2. Principal Place of Business

21 22519 Aster Ave

Suite, Apt. #, etc.

22 City & State

23 Port Charlotte, FL

24 33980

25 US

2a. Mailing Address

26 22519 Aster Ave

Suite, Apt. #, etc.

27 City & State

28 Port Charlotte, FL

29 33980

30 US

3. Date Incorporated or Qualified
03/05/1980

3a. Date of Last Report
05/02/1996

4. FEI Number
59-6042858

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FATUR, ROBERT A
4207 MAYBURY CT
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name PARNELL, ANGELENE M.
82 Street Address (P.O. Box Number is Not Acceptable)
22519 ASTER AVE
83
84 City PORT CHARLOTTE, FL 85 Zip Code 33980

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 Angelene M. Parnell, Treasurer

4/21/97

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 PD
NAME CONYER, ANDREW
STREET ADDRESS 4627 LAFAYETTE AVE
CITY-ST-ZIP SEBRING FL 33872 ☒ DELETE

TITLE VD
NAME HOLT, ARTHUR E
STREET ADDRESS 100 LAMBTON LANE
CITY-ST-ZIP NAPLES FL 33942 ☐ DELETE

TITLE SD
NAME BENTLEY, ELEANOR
STREET ADDRESS 128 S KENTURKY AVE
CITY-ST-ZIP LAKELAND FL 33801 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE RD.
1.2 NAME ALLEN, DIANNE
1.3 STREET ADDRESS 1508 GERTRUDE DR
1.4 CITY-ST-ZIP BRANDON, FL 33511 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE TD
4.2 NAME PARNELL, ANGELENE M.
4.3 STREET ADDRESS 22519 ASTER AVE.
4.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33980 ☐ Change ☒ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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: Angelene M. Parnell, Treasurer

4/21/97 (811) 423 8171

CR2E037 (9/96)