

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751395

FILED  
Jan 12, 2006  
Secretary of State

Entity Name: SUNCOAST UNITY MINISTERS, INC.

**Current Principal Place of Business:**

10870 SW 71ST CIRCLE  
OCALA, FL 34476 US

**New Principal Place of Business:**

**Current Mailing Address:**

10870 SW 71ST CIRCLE  
OCALA, FL 34476 US

**New Mailing Address:**

FEI Number: 59-6042858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLT, ART  
10870 SW 71ST CIRCLE  
OCALA, FL 34476 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: TT ( ) Delete  
Name: FATUR, ROBERT  
Address: 16104 HANNA ROAD  
City-St-Zip: LUTZ, FL 33549 US

Title: VP ( ) Delete  
Name: TEMPLE, HAYES  
Address: 469 45TH AVE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: ST ( ) Delete  
Name: BENTLEY, ELEANOR  
Address: PO BOX 5225  
City-St-Zip: SALT SPRINGS, FL 32134

Title: PT ( ) Delete  
Name: ART, HOLT  
Address: 10870 SW 71ST CIRCLE  
City-St-Zip: OCALA, FL 34476

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT FATUR

TT

01/12/2006

Electronic Signature of Signing Officer or Director

Date