

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751395

FILED
Jan 14, 2009
Secretary of State

Entity Name: SUNCOAST UNITY MINISTERS, INC.

Current Principal Place of Business:

4034 THE FENWAY
MULBERRY, FL 33860 US

New Principal Place of Business:

2628 W. WOODVIEW LANE
LECANTO, FL 34461 US

Current Mailing Address:

4034 THE FENWAY
MULBERRY, FL 33860 US

New Mailing Address:

2628 W. WOODVIEW LANE
LECANTO, FL 34461 US

FEI Number: 59-6042858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, LEONARD G
4034 THE FENWAY
MULBERRY, FL 33860 US

Name and Address of New Registered Agent:

GIST, LAURI J
506 LAKE STREET
INVERNESS, FL 34450 US

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: LAURI J. GIST

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TT () Delete
Name: WOOD, LEONARD G
Address: 4034 THE FENWAY
City-St-Zip: MULBERRY, FL 338608618

Title: V () Delete
Name: DOOD, WILL
Address: 101 CEDAR DR
City-St-Zip: OCALA, FL 334728333

Title: ST () Delete
Name: GIST, LAURI
Address: 2628 WOODVIEW LANE
City-St-Zip: LECANTO, FL 344618520

Title: PT () Delete
Name: WALSH, VIRGINIA
Address: 2419 GULF TO BAY BLVD
City-St-Zip: CLEARWATER, FL 337654356

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TT (X) Change () Addition
Name: GIST, LAURI J
Address: 506 LAKE STREET
City-St-Zip: INVERNESS, FL 34450

Title: P (X) Change () Addition
Name: DODD, WILLIAM
Address: 101 CEDAR DR
City-St-Zip: OCALA, FL 334728333

Title: ST (X) Change () Addition
Name: WILLIAMS, BARBARA
Address: 5844 PINE HILL ROAD
City-St-Zip: PORT RICHEY, FL 34668

Title: VP (X) Change () Addition
Name: LEWIS, BETTY-MARTIN
Address: 115 MARGARET ST. SUITE D
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify 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: LAURI J. GIST

TT

01/14/2009

Electronic Signature of Signing Officer or Director

Date