FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 751614

1. Corporation Name

SUNCOAST CHRISTIAN HOUSING, INC.

Principal Place of Business
1000 BURLINGTON AVE. N
ST PETERSBURG FL 33705

Mailing Address

1000 BURLINGTON AVE. N ST PETERSBURG FL 33705

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90011 009 ****61.25

2. Principal P	lace of Business	2a. Mailing Address	-		3. Date Incorporated or Qualifed					
21	idea of Dadings	26			02/19/1980					
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		Apı	olied For		
22 27					43-1259794		Not	Applicable		
City & State City & State					F. C. W. J. Charles Deviced		\$8.75 A	dditional		
28					5. Certificate of Status Desired		Fee Re	quired		
Zip	Country	Zip	Country	,	6. Election Campaign Financing		\$5.00	May Be		
24	25	29	0		Trust Fund Contribution	Ш	Added to	o Fées		
9. Name and Address of Current Registered Agent					10. Name and Address of New F	Registered A	gent			
			81	Name						
THE PREN	VTICE-HALL CORPORATION SYST	EM INC.	82	82 Street Address (P.O. Box Number is Not Acceptable)						
	S STREET	LIN MYO.	"	Ollost Al		,				
SUITE 105			83							
	SSEE FL 32301		84	City			85 Zip C	ode.		
INCOMINA	Marie Caract		84	City		FL	183 ZIP C	Jud		
11. Pursuant	to the provisions of Sections 617 0503	and 617 1508, Florida Statutes	, the abov	e-named o	orporation submits this statement for the	purpose of c	nanging its	registered		
office or r agent. I a	egistered agent, or both, in the State of im familiar with, and accept the obligati	of Florida. Such change was auth Sons of, Section 617.0503, Florid	norized by la Statutes	the corporations.	ation's board of directors. I hereby accept	ot the appoint	ment as reg	jistereo		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: De	anistared Ann	nt signature reg	uired when reinstating)	DATE				
12.	OFFICERS AND		13.	organization or orq	. ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	R\$ IN 12		
TITLE	D DELETE 1				Director		Change	Addition		
NAME	STEPHENSON, AL	_	1.2 NAME		Elena Lawrence			•		
	TREET ADDRESS 9001 134TH WAY N.			TADDRESS	Elena Lawrence 2067 62nd Place 5 St. Petersburg, FL 337/2 Change Add					
				ST-ZIP						
TITLE	D	DELETE	2.1 TITLE		- 10/2/5-2/9, /=	333.7.2.	Change	Addition		
NAME	ELDON, ERNEST	~	2.2 NAME							
STREET ADDRESS		_		TADDRESS						
	ST. PETERSBURG FL	,	2.4 CITY-							
CITY-ST-ZIP TITLE	PD	☐ DELETE	3.1 TITLE	31-21			Change	Addition		
			3.2 NAME	1			_			
NAME STREET ARROSESS	BARR, DAVID J. 3301 62ND ST N			T ADORESS						
STREET ADDRESS	ST PETERSBURG FL		3.4. CITY-							
TITLE	D	☐ DELETE	4.1 TITLE	31-4IF			Change	Addition		
	-	C. Deteic	4.2 NAME							
NAME	BARBEE, PHYLLIS			T ADDRESS						
STREET ADDRESS	5701 21 AVE N 207 ST. PETERSBURG		4.3 STREE							
CITY-ST-ZIP	TD	□ DELETE	5.1 TITLE	71-41			Change	☐ Addition		
NAME) ' -		5.2 NAME	}			- •	_		
STREET ADDRESS	SWENSON, GLENN 3521-6TH AVE N		1	T ADDRESS						
	ST PETERSBURG, FL 00000		5.4 CITY-5							
CITY-ST-ZIP TITLE	SI PEIENSBURG, FL UUUUU	□ DELETE	6.1 TITLE				Change	Addition		
	[" " " " " " " " " " " " " " " " " " "		6.2 NAME	[_ •	_		
NAME				T ADDRESS						
STREET ADDRESS	ř , ,		64 CTTV S	ł						

14. 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 annual report of 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 of nustee 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, with all other like empowered.

SIGNATURE: