2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State
01-28-2004 90010 023 ****61.25

DOCUMENT # 760372

1. Entity Name
SUN COAST BAPTIST CHURCH OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
4200 GEORGETOWN DR. JACKSONVILLE, FL 32210	4200 GEORGETOWN DR. JACKSONVILLE, FL 32210

01122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0870367 ☐ 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
MCGATH, EDDIE 1843 WESTON CIR ORANGE PARK, FL 32003	Name: Gaylor, Mike Street Address (P.O. Box Number is Not Acceptable): 3090 Crabblemill Ct City: Jacksonville **FL** Zip Code: 32073

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: M K Gaylor Pastor 01-23-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S MYRA, JULIAN 4041 BESSENT ROAD JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pastor Gaylor, Mike 3090 Crabblemill Ct Jacksonville, Florida 32073	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALIFKO, CHRIS 9736 PEABODY DR. N JACKSONVILLE, FL 32221	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD POPE, PETER 1905 ROTHBURY DRIVE JACKSONVILLE, FL 32221	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Head-Deacon Steve Williams 1418 Rewis Rd JAX, FL 32220	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'DELL, JAMES R 237 ADAMS LANE ORANGE PARK, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Al Martin 745 Camp Milton Ln JAX, FL 32220	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HURST, WILBUR 5245 ROSSELLE ST JACKSONVILLE, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deacon Don Robbins 8454 Sandpoint Dr. W. JAX, FL 32244	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAST MCGATH, EDDIE 1843 WESTON CIR ORANGE PARK, FL 32003	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: M K Gaylor 1-23-04 (904) 778-0819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #