## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#760372** 

FILED Apr 26, 2005 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4200 GEORGETOWN DR. JACKSONVILLE, FL 32210

Current Mailing Address: New Mailing Address:

4200 GEORGETOWN DR. JACKSONVILLE, FL 32210

FEI Number: 59-0870367 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GAYLOR, MIKE 3090 CRABBLEMILL CT JACKSONVILLE, FL 32073 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:

- Flaterin Circulate of Decide and Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 S
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 MYRA, JULIAN
 Name:
 JOHNS, KEVIN

 Address:
 4041 BESSENT ROAD
 Address:
 8228 WAYBRIDGE DR.

 City-St-Zip:
 JACKSONVILLE, FL
 32244 US

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: GAYLOR, MIKE Name: GAYLOR, MIKE

 Address:
 3090 CRABBLEMILL CT
 Address:
 3090 CRABBLEMILL CT

 City-St-Zip:
 JACKSONVILLE, FL 32073
 City-St-Zip:
 JACKSONVILLE, FL 32073 US

Title: HD () Delete Title: HD (X) Change () Addition Name: WILLIAMS, STEVE Name: WILLIAMS, STEVE

 Address:
 1418 REWIS RD
 Address:
 1418 REWIS RD

 City-St-Zip:
 JACKSONVILLE, FL 32220
 City-St-Zip:
 JACKSONVILLE, FL 32220 US

Title: T ( ) Delete Title: T (X) Change ( ) Addition

Title: T () Delete Title: T (X) Change () Addition
Name: MARTIN, AL Name: MARTIN, AL

 Address:
 745 CAMP MILTOW LN
 Address:
 745 CAMP MILTOW LN

 City-St-Zip:
 JACKSONVILLE, FL 32220
 City-St-Zip:
 JACKSONVILLE, FL 32220 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 ROBBINS, DON
 Name:
 WALTERS, CHRIS

 Address:
 8454 SANDPOINT DR. W.
 Address:
 6146 AUTLAN DR.

City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32210 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIKE GAYLOR P 04/26/2005