2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760372

FILED Jul 10, 2006 Secretary of State

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

| Current P | rincipal Place of Business: | New Principal Place of Business: |
|---|--|---|
| | DRGETOWN DR. NVILLE, FL 32210 | |
| Current M | failing Address: | New Mailing Address: |
| | DRGETOWN DR. NVILLE, FL 32210 | |
| n accordan | r: 59-0870367 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did n | · |
| varne and | d Address of Current Registered Agent: | Name and Address of New Registered Agent: |
| | MIKE BBLEMILL CT IVILLE, FL 32073 US | |
| | e named entity submits this statement for the e of Florida. | purpose of changing its registered office or registered agent, or both, |
| | 5- | |
| SIGNATU | | |
| BIGNATU | RE: | gent Date |
| SIGNATUI Officer | | pent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR |
| | Electronic Signature of Registered Ag | |
| DFFICER itle: lame: laddress: city-St-Zip: itle: lame: lame: laddress: | Electronic Signature of Registered Ag S AND DIRECTORS: D () Delete JOHNS, KEVIN 8228 WAYBRIDGE DR. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: |
| OFFICER itle: lame: laddress: | Electronic Signature of Registered Ag S AND DIRECTORS: D () Delete JOHNS, KEVIN 8228 WAYBRIDGE DR. JACKSONVILLE, FL 32244 US P () Delete GAYLOR, MIKE 3090 CRABBLEMILL CT | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: |
| DFFICER itle: lame: ddress: city-St-Zip: itle: lame: ddress: city-St-Zip: itle: lame: ddress: | Electronic Signature of Registered Ag S AND DIRECTORS: D () Delete JOHNS, KEVIN 8228 WAYBRIDGE DR. JACKSONVILLE, FL 32244 US P () Delete GAYLOR, MIKE 3090 CRABBLEMILL CT JACKSONVILLE, FL 32073 US HD () Delete WILLIAMS, STEVE 1418 REWIS RD | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 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: MIKE GAYLOR P 07/10/2006