

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 760372**

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



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

Mailing Address  
**4200 GEORGETOWN DR.  
JACKSONVILLE, FL 32210**

**FILED**  
**Sep 05, 2008 08:00 AM**  
**Secretary of State**



07242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**GAYLOR, MIKE J PASTOR  
3090 CRABBLEMILL CT  
JACKSONVILLE, FL 32073**

**DO NOT WRITE  
IN THIS SPACE**

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

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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JOHNS, KEVIN DEACON  
8228 WAYBRIDGE DR.  
JACKSONVILLE, FL 32244**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GAYLOR, MIKE PASTOR  
3090 CRABBLEMILL CT  
JACKSONVILLE, FL 32073**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SIMPSON, LANCE DEACON  
3826 WINTER BERRY RD  
JACKSONVILLE, FL 32210**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MARTIN, ALLEN TREASUR  
745 CAMP MILTON LN  
JACKSONVILLE, FL 32220**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
PARISEAU, CHRIS TRUSTEE  
8043 SABLEWOOD DR.  
JACKSONVILLE, FL 32244**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
CARTER, TOMMY TRUSTEE  
2600 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32216**

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09/05/08-80002-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE