

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90097 046 ****61.25

DOCUMENT # N01000000759

1. Entity Name
SUNCOAST BAPTIST CHURCH OF TAMPA, INC.



Principal Place of Business
**6205 N HIMES
TAMPA, FL 33614**

Mailing Address
**6205 N HIMES
TAMPA, FL 33614**

50048755



02142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3701073

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAYNE, LYNN
6205 N HIMES
TAMPA, FL 33614**

**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 May 1, 2005**

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 SAYNE, LYNN 6205 N HIMES TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRELL, BILL 308 W HILDA ST TAMPA, FL 33603 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JASUTIS, JIM 2329 FERN PLACE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>OST</i> Bill Grishaw 501 W. Bird St. Tampa, FL 33604 <i>Add</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D</i> Terry Irwin 6411 N. Lois Ave. Tampa, FL 33614 <i>Add</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 813-935-3108

Date

Daytime Phone #