

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90179 028 ****70.00

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



2. Principal Place of Business

8506 N. Gomez Ave.

3. Mailing Address

8506 N. Gomez Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3701073

Applied For

Not Applicable

Zip

33614

Country

Hillsborough

Zip

33614

Country

Hillsborough

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

2/26/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE D ☐ Delete
NAME SAYNE, LYNN
STREET ADDRESS 6205 N HIMES
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☒ Delete
NAME JASUTIS, JIM
STREET ADDRESS 2329 FERN PLACE
CITY-ST-ZIP TAMPA FL 33604

TITLE ST ☐ Delete
NAME GRISHAW, BILL
STREET ADDRESS 501 W. BIRD ST
CITY-ST-ZIP TAMPA FL 33604

TITLE D ☐ Delete
NAME IRWIN, TERRY
STREET ADDRESS 6411 N. LOIS AVE
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

[Signature]

2/26/06 813-624-3640