


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90130 001 ***122.50

DOCUMENT # N01000000759	
1. Entity Name SUNCOAST BAPTIST CHURCH OF TAMPA, INC.	

Principal Place of Business 8506 N. GOMEZ AVE TAMPA, FL 33614	Mailing Address 8506 N. GOMEZ AVE TAMPA, FL 33614
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04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3701073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAYNE, LYNN 6205 N HIMES TAMPA, FL 33614
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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	ST GRISHAW, BILL 501 W. BIRD ST TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRWIN, TERRY 6411 N. LOIS AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynn Sayne* **4/26/07** **813-624-2840**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #