

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90382 016 *****70.00

DOCUMENT # N03000000519

1. Entity Name
SUNCOAST INSTITUTE OF BIBLICAL STUDIES INC.



Principal Place of Business
**27064 83 PLACE
BRANFORD, FL 32008**

Mailing Address
**27064 83 PLACE
BRANFORD, FL 32008**

2. Principal Place of Business
P.O. Box 921
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 921
Suite, Apt. #, etc.



04282004 Chg-NP CR2E037 (10/03)

City & State
Branford FL
Zip
32008
Country
USA

City & State
Branford FL
Zip
32008
Country
USA

4. FEI Number
161649650
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MAJORS, MARY J
27064 83 PLACE
BRANFORD, FL 32008**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
701 NE O'Brien Ave.

City **Branford** **FL** Zip Code **32008**

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, 2004**

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 **PD** ☐ Delete
NAME **MAJORS, MARK S**
STREET ADDRESS **27064 83 PLACE**
CITY-ST-ZIP **BRANFORD, FL 32008**

TITLE **VTD** ☐ Delete
NAME **MAJORS, MARY J**
STREET ADDRESS **27064 83 PLACE**
CITY-ST-ZIP **BRANFORD, FL 32008**

TITLE **SD** ☐ Delete
NAME **MOORE, MARK A**
STREET ADDRESS **5500 SW ARCHER RD**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **701 NE O'Brien Ave.**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **701 NE O'Brien Ave.**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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: Mark S. Majors **Mark S. Majors** **4-28-04** **386-935-4566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #