

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000519

FILED
Apr 27, 2008
Secretary of State

Entity Name: SUNCOAST INSTITUTE OF BIBLICAL STUDIES INC.

Current Principal Place of Business:

701 NE O'BRIEN AVE.
BRANFORD, FL 32008

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 921
BRANFORD, FL 32008

New Mailing Address:

FEI Number: 16-1649650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAJORS, MARY J
701 NE O'BRIEN AVE
BRANFORD, FL 32008 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAJORS, MARK S
Address: 701 NE O'BRIEN AVE
City-St-Zip: BRANFORD, FL 32008

Title: VTD () Delete
Name: MAJORS, MARY J
Address: 701 NE O'BRIEN AVE
City-St-Zip: BRANFORD, FL 32008

Title: SD () Delete
Name: TERRY, GODDARD E
Address: 7350 US HIGHWAY 90
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK S MAJORS

PD

04/27/2008

Electronic Signature of Signing Officer or Director

Date