2007 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

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Mar 27, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # N04000005665** 03-27-2007 90006 043 ****70.00 SUNCOAST CHRISTIAN CHURCH (DISCIPLES OF CHRIST), INC. Principal Place of Business Mailing Address **4244 MARINER BLVD** P.O. BOX 3964 SPRING HILL, FL 34609 SPRING HILL, FL 34611 2. Principal Place of Business - No P.O. Box # 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232007 Chg-NP CR2E037 (12/06) 4. FEI Number NOT APPLICABLE City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent erio TURNER, DANIEL L 11381 MCNALLY DR Street Address (P.O. Box Number is Not Acceptable) SPRING HILL, FL 34609 3034 WATERFALL Drive CitySpring 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. reasurer SIGNATURE NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution Due by May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition CESARSKI, TOM NAME NAME 3268 LIFE BOAT LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34607 CITY-ST-ZIP TITLE Delete TITLE Change Addition VALERIO, CAROL NAME NAME 3034 WATERFALL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34608 CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change ☐ Addition CHAPLIN, LEIGHTON NAME NAME STREET ADDRESS 2421 BIRDIE LN STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34606 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED