


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000005665	
1. Entity Name SUNCOAST CHRISTIAN CHURCH (DISCIPLES OF CHRIST), INC.	

Principal Place of Business 4244 MARINER BLVD SPRING HILL, FL 34609	Mailing Address P.O. BOX 3964 SPRING HILL, FL 34611
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02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	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 VALERIE, CAROL 3034 WATERFALL DRIVE SPRING HILL, FL 34609

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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 <i>Carol Valerio</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	02/07/08 <small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000022083 02/19/08-80053-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CESARSKI, TOM 3268 LIFE BOAT LN SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VALERIO, CAROL 3034 WATERFALL DR SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHAPLIN, LEIGHTON 2421 BIRDIE LN SPRING HILL, FL 34606
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: <i>Carol Valerio</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	02/07/08 <small>Date</small>	352(683-2751) <small>Daytime Phone #</small>