2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400005665

FILED Jan 11, 2009 Secretary of State

Entity Name: SUNCOAST CHRISTIAN CHURCH (DISCIPLES OF CHRIST), INC.

Current Principal Place of Business: New Principal Place of Business:

4244 MARINER BLVD 8449 COBB ROAD

SPRING HILL, FL 34609 BROOKSVILLE, FL 34601

Current Mailing Address: New Mailing Address:

P.O. BOX 3964

SPRING HILL, FL 34611

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALERIE, CAROL CHAPLIN, ANITA A MRS. 3034 WATERFALL DRIVE 2421 BIRDIE LANE

SPRING HILL, FL 34609 US SPRING HILL, FL 34606 US

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: ANITA CHAPLIN 01/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: T () Delete Title: T (X) Change () Addition

Name: CESARSKI, TOM Name: YERREICK, BILL MR.

 Address:
 3268 LIFE BOAT LN
 Address:
 9370 BURNAM

 City-St-Zip:
 SPRING HILL, FL 34607
 City-St-Zip:
 WEEKI WACHEE, FL 34613

Title: T () Delete Title: T (X) Change () Addition

Name:VALERIO, CAROLName:THORPE, JANET MRS.Address:3034 WATERFALL DRAddress:4079 ARROWHEAD AVE.City-St-Zip:SPRING HILL, FL 34608City-St-Zip:SPRING HILL, FL 34606

 Name:
 CHAPLIN, LEIGHTON
 Name:
 CHAPLIN, ANITA MRS.

 Address:
 2421 BIRDIE LN
 Address:
 2421 BIRDIE LN

 City-St-Zip:
 SPRING HILL, FL 34606
 City-St-Zip:
 SPRING HILL, FL 34606

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: ANITA CHAPLIN T 01/11/2009