

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90143 033 ****61.25

DOCUMENT # N04000007941

1. Entity Name
SURFSIDE COMMUNITY CHURCH, INC.



Principal Place of Business
1128 S 7 ST
FT PIERCE, FL 34950

Mailing Address
P.O. BOX 2717
FT PIERCE, FL 34954-2717

2. Principal Place of Business
7100 Brookline Ave.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Fort Pierce, FL

City & State

Zip
34951

Country
United States

Zip

Country

04142005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-1543570

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YOUNG, MAKR
1128 S 7 ST
FT PIERCE, FL 34950

7. Name and Address of New Registered Agent

Name **MARK YOUNG**
Street Address (P.O. Box Number is Not Acceptable)
7100 Brookline Ave.
City **FORT PIERCE** **FL** Zip Code **34951**

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, 2005**

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 **YOUNG, MARK**
STREET ADDRESS **1128 S 7 ST**
CITY-ST-ZIP **FT PIERCE, FL 34950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PD** ☒ Change ☐ Addition
NAME **MARK YOUNG**
STREET ADDRESS **7100 BROOKLINE AVE.**
CITY-ST-ZIP **FT. PIERCE, FL 34951**

TITLE **D** ☐ Change ☒ Addition
NAME **Shelly WINTER**
STREET ADDRESS **440 NW FLORESTA DRIVE**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34983**

TITLE **D** ☐ Change ☒ Addition
NAME **Christopher Wolf**
STREET ADDRESS **2975 YATES Road**
CITY-ST-ZIP **FORT PIERCE, FL 34981**

TITLE **D** ☐ Change ☒ Addition
NAME **Teri Young**
STREET ADDRESS **7100 BROOKLINE AVE.**
CITY-ST-ZIP **FORT PIERCE, FL 34951**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

Mark A. Young