2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 01, 2006 8:00 am Secretary of State DOCUMENT # N05000001607 1. Entity Name 03-01-2006 90029 019 \*\*\*\*61.25 SUNCOAST CHRISTIAN CHURCH, INC. Principal Place of Business Mailing Address 2198 CLAUDE COURT PORT CHARLOTTE FL 33952 2198 CLAUDE COURT PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-3797747 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOOD, RICHARD T Street Address (P.O. Box Number is Not Acceptable) 2198 CLAUDE COURT PORT CHARLOTTE FL 33952 Zip Code is 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 8. The above named entity submits the obligation 10-16-06 SIGNATURE (NOTE: Registered Agent signature required when renistating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE Change TITLE WOOD, RICHARD T NAME NAME STREET ADDRESS 2198 CLAUDE COURT STREET ADDRESS PORT CHARLOTTE FL 33952 CITY-ST-ZIP CITY - ST - ZIP ☐ Change Delete TITLE CHINDAMO, JR WILLIAM J. MULKEY, THOMAS NAME NAME 2255 CORNELIUS BLVD. STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33953 CITY-ST-ZIP 34286 CITY-ST-ZIP\_ ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME BERGMAN, KENNETH 4420 FAIRWAY DRIVE STREET ADDRESS STREET ADDRESS NORTH PORT FL 34287 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplier

SIGNATURE:

10-16-06

FILED