

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000001607.

1. Entity Name
SUNCOAST CHRISTIAN CHURCH, INC.



FILED

09 JUN -2 PM 2:54

Principal Place of Business
119 TAMiami TRAIL SUITE C
PORT CHARLOTTE, FL 33962

SUNCOAST CHRISTIAN CHURCH

P.O. Box 494244
Port Charlotte, FL 33949

SECRETARY OF STATE

05/23/08 - 90018-047 61.25

2. Principal Place of Business - No P.O. Box #
315 Milton Street

SUNCOAST CHRISTIAN CHURCH

Suite, Apt. #, etc.

P.O. Box 494244
Port Charlotte, FL 33949

4092009 REIN-NP

CR2E099 (1/07)

City & State
Punta Gorda, FL

FEI Number
59-3797747

Applied For
Not Applicable

Zip
33983

Country
Charlotte

Zip

Country
Charlotte

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHINDAMO, WILLIAM J JR
1961 BOCA CHICA AVE
NORTH PORT, FL 34286

Mark Tyree
315 Milton St
Port Charlotte, FL 33954

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

5/11/09

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CAMPBELL, FRANCES
1512 RIO DE JANEIRO AVE #214
PUNTA GORDA, FL 33983 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CHINDAMO, WILLIAM J JR
1961 BOCA CHICA AVE
NORTH PORT, FL 34286 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Danny J. Butcher, Sr.
22167 Mamaroneck Ave.
Port Charlotte, FL 33952 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
E
BERGMAN, MARY
4420 FAIRWAY DRIVE
NORTH PORT, FL 34287 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mary Bergman ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900156679439
06/02/09--01030--014 ☒ Change ☐ Addition
461.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/09

Date

941-235-0372

Daytime Phone #