

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N21241**

1. Entity Name  
**SUNCOAST BIBLE FELLOWSHIP, INC.**



Principal Place of Business

**C/O RUSSELL HARGETT  
12068 70 ST  
LARGO, FL 33773 US**

Mailing Address

**C/O RUSSELL HARGETT  
12068 70 ST  
LARGO, FL 33773 US**



04292008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2895652**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HARGETT, RUSSELL G  
12068 70 ST  
LARGO, FL 33733**

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	HARGETT, RUSSELL
STREET ADDRESS	12068 70 ST
CITY-ST-ZIP	LARGO, FL 33773
TITLE	DS
NAME	HARGETT, CARLA
STREET ADDRESS	12068 70 ST.
CITY-ST-ZIP	LARGO, FL 33773
TITLE	DVP
NAME	BARKER, FRANK
STREET ADDRESS	10396 57 WAY N
CITY-ST-ZIP	PINELLAS PARK, FL 33782

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

**4/28/08 727-544-354**