2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State
02-22-2005 90019 045 ****61.25

DOCUMENT # N26371

1. Entity Name
SUNCOAST HAVEN OF REST RESCUE MISSION, INC.

40021108

01042005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
5625 PARK BLVD PINELLAS PARK, FL 33781 US	P O BOX 906 PINELLAS PARK, FL 33780 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0058805 ☐ Applied For ☐ Not Applicable

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
CABRAL, REV. LIONEL 14120 PALM ST. #204 MADERA BEACH, FL 33708	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: REV. LIONEL CABRAL - SECRETARY DATE: 02-18-05 01-05-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DO VRIOS, JOHN 2093 KANSAS AVE NE SAINT PETERSBURG, FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~☒ Change ☐ Addition~~ ~~DeVries, John~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NARVAEZ, JOSEPH 179 114TH TERRACE NE SAINT PETERSBURG, FL 33716	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP de VRIES, JOHN 2093 KANSAS AVE NE SAINT PETERSBURG, FL 33703 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAYCOX, JOHN 145 22ND AVE NE SAINT PETERSBURG, FL 33704	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MYRL ALLINDER 2993 MEADOW WOOD DRIVE CLEARWATER, FL 33761-1928 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MDSE CABRAL, LIONEL 14120 PALM ST., #204 MADEIRA BEACH, FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIEL HUNTINGTON 13747 EAGLES WALK DRIVE CLEARWATER, FL 33762-5582 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWMAN, TROY 421 12TH STREET N SAINT PETERSBURG, FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIKE BUDD 251 HEMINGWAY DRIVE OLDSMAR, FL 34677-4647 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~STEVENS, FREDERICK~~ ~~8602 79TH PLACE~~ ~~LARGO, FL 337774201~~	☒ 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 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.

SIGNATURE: REV. LIONEL CABRAL - SECRETARY 02-18-05 01-05-05 727-545-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #