


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N26371		
1. Entity Name SUNCOAST HAVEN OF REST RESCUE MISSION, INC.		
Principal Place of Business 5625 PARK BLVD PINELLAS PARK, FL 33781 US		Mailing Address P O BOX 906 PINELLAS PARK, FL 33780 US
DO NOT WRITE IN THIS SPACE		
		01222007 No Chg-NP CR2E037 (4/06)
4. FEI Number 65-0058805		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CABRAL, REV. LIONEL 14120 PALM ST. #204 MADERA BEACH, FL 33708		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DO VRIOS, JOHN 2093 KANSAS AVE NE SAINT PETERSBURG, FL 33703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNTINGTON, DANIEL 13747 EAGLES WALK DR CLEARWATER, FL 33762	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAYCOX, JOHN 145 22ND AVE NE SAINT PETERSBURG, FL 33704	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDSE CABRAL, LIONEL 14120 PALM ST., #204 MADEIRA BEACH, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, TROY 421 12TH STREET N SAINT PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLINDER, MYRL 293 MEADOW WOOD DRIVE CLEARWATER, FL 337611928	
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: <i>Rev. Lionel Cabral Sec/Treas</i>		01-30-07 727-545-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #