

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90119 028 ****61.25

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**

40000000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0058805

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P DO VRIAS, JOHN**
STREET ADDRESS **2093 KANSAS AVE NE**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33703**

TITLE ☐ Change ☒ Addition
NAME **D Rev. George Bolden**
STREET ADDRESS **P.O. Box 887**
CITY-ST-ZIP **Pinellas Park, FL 33780**

TITLE ☐ Delete
NAME **VP HUNTINGTON, DANIEL**
STREET ADDRESS **13747 EAGLES WALK DR**
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE ☐ Change ☒ Addition
NAME **D John Pask**
STREET ADDRESS **8356 Wrens Way Pass**
CITY-ST-ZIP **Largo, FL 33773-1514**

TITLE ☐ Delete
NAME **PD JAYCOX, JOHN**
STREET ADDRESS **145 22ND AVE NE**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33704**

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

TITLE ☐ Delete
NAME **MDSE CABRAL, LIONEL**
STREET ADDRESS **14120 PALM ST., #204**
CITY-ST-ZIP **MADERA BEACH, FL 33708**

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

TITLE ☐ Delete
NAME **D BOWMAN, TROY**
STREET ADDRESS **421 12TH STREET N**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33701**

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

TITLE ☐ Delete
NAME **D ALLINDER, MYRL**
STREET ADDRESS **293 MEADOW WOOD DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 337611928**

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

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:

Rev. Lionel Cabral
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-08

Date

727-545-8282

Daytime Phone #