

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26371

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** SUNCOAST HAVEN OF REST RESCUE MISSION, INC.

**Current Principal Place of Business:**

5625 PARK BLVD  
PINELLAS PARK, FL 33781 US

**New Principal Place of Business:**

**Current Mailing Address:**

5625 PARK BLVD  
PINELLAS PARK, FL 33781 US

**New Mailing Address:**

**FEI Number:** 65-0058805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CABRAL, LIONEL REV.  
14120 PALM ST. #204  
MADEIRA BEACH, FL 33708 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** WHITE, RICHARD REV.  
**Address:** 5745 16TH AVENUE N  
**City-St-Zip:** SAINT PETERSBURG, FL 33710

**Title:** VP  
**Name:** HOENSHELL, RICHARD MR.  
**Address:** 15019 HARDING AVENUE  
**City-St-Zip:** CLEARWATER, FL 33760

**Title:** DIR  
**Name:** NARVAEZ, JOSEPH MR  
**Address:** 179 114TH TERRACE NE  
**City-St-Zip:** SAINT PETERSBURG, FL 33716

**Title:** SEC  
**Name:** CABRAL, LIONEL REV.  
**Address:** 14120 PALM ST., #204  
**City-St-Zip:** MADEIRA BEACH, FL 33708

**Title:** DIR  
**Name:** BOWMAN, TROY MR.  
**Address:** 421 12TH STREET N  
**City-St-Zip:** SAINT PETERSBURG, FL 33701

**Title:** DIR  
**Name:** DE VRIES, JOHN MR.  
**Address:** 2093 KANSAS AVENUE NE  
**City-St-Zip:** SAINT PETERSBURG, FL 33703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** REV. LIONEL CABRAL

SEC

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date