

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000041

1. Corporation Name

SUNCOAST COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
12/30/1992

3a. Date of Last Report

2. Principal Place of Business

21 38541-43 US.HWY.19 N.

2a. Mailing Address

26 421 Manor Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Palm Harbor, FL.

City & State

26 Palm Harbor, FL.

Zip

24 34684

Country

25

Zip

29 34683

Country

30

4. FEI Number

59-3172795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Hallman, Ward
421 Manor Blvd.
Palm Harbor, Florida 34683

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D Hallman, Ward Rev.

STREET ADDRESS 421 Manor Blvd.

CITY - ST - ZIP Palm Harbor, Fl. 34683 ☐ DELETE

TITLE ☐ DELETE

NAME D Hallman, Gloria Rev.

STREET ADDRESS 421 Manor Blvd.

CITY - ST - ZIP Palm Harbor, Fl. 34683 ☐ DELETE

TITLE ☐ DELETE

NAME D Hallman, Edward Jr.

STREET ADDRESS 23 Highland Drive

CITY - ST - ZIP East Greenbush, N.Y. ☐ DELETE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

200001927652
-08/20/96--01169--034
***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

813-

87-96

943-9369

CR2E037 (3/96)