SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000000041 (4)

SUNCOAST COMMUNITY CHURCH, INC.

FILED Aug 28 1997 8:00am Secretary of State



112-03/0

Principal Place	e of Business	Mailing Address	Mailing Address			I CODICION DIO CONTO CINTO DELLE DOCINI DOCINI DOCINI DOCINI DOCINI DOCINI DECINI DECINI DECINI DECINI DECINI D			
38541-43 US. HWY. 18 N PALM HARBOR FL 34684			421 MANOR BLVD. PALM HARBOR FL 34683			DO NOT WRITE	N THIS S	PACE	
						3. Date Incorporated or Qualified 12/30/1992	3a. Dat	e of Last F 8/20/19	
2 Principal Pi	lace of Business	2a. Mailing Addre	ess			4. FEI Number	I		pplied For
21	add of Bacillo		26			59-3172795			ot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				S8.75 Additional		
22		 	27			5. Certificate of Status Desired			equired
I City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip				8. This corporation owes or has paid the current year Intangible			
24	25 29		30			Personal Property Tax due June			
	g. Name and Address of	Current Registered Agent	Registered Agent			10. Name and Address of New Registered Agent			
				81	Name				1
HALLMAN, WARD				82	Stroot Ar	ess (P.O. Box Number is Not Acceptable)			
	IOR BLVD		82 Street Ad			duress (F.O. dox Number is Not Acceptable	o,		- 1
	ARBOR FL 34683			83			····		
PALM II/	ANDON FE STOOS			<u></u>					
1				84	City		FL.	85 Zip	Code
11, Pursuant	to the provisions of Sections	617.0502 and 617.1508 Florid	a Statutes, the	above	e-named c	proporation submits this statement for the pr	rpose of	changing i	ts registered
office or r	egistered agent, or both, in t	he State of Florida. Such chan	ge was authori	zed by	the corpo	ration's board of directors. I hereby accep	the appo	intment as	registered
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 reg	istered moont and title if emplicable	(NOTE Reals)	lered And	ani pignalura ra	guired when reinstating)	DATE		
12.		ERS AND DIRECTORS		3.	an a gradua io	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	D	☐ DE		1 TITLE		1001101010101010101010101010101010101010		Change	Addition
NAME	HALLMAN, WARD REV			2 NAME					
STREET ADDRESS 421 MANOR BLVD					ADDRESS				
CITY-ST-ZIP PALM HARBOR FL 34683		202							
TITLE	D D		1.4 CITY-ST-ZIP ETE 2.1 TITLE		11-211			Change	Addition
NAME	HALLMAN, GLORIA RE	-	221		l		•		_ }
		; Y	· ·		ADDRESS				
	STREET ADDRESS 421 MANOR BLVD				- 1				\
TITLE	CITY-ST-ZIP PALM HARBOR FL 34683		DELETE 3.1 T		ST-ZIP		-	Change	Addition
NAME	D DALLMAN COWADO 1	. —		2 NAME			,		Tagailon
	HALLMAN, EDWARD J	n	I '		11000000				
STREET ADDRESS			3.3 STREET ADDRESS		1				
CITY-ST-ZIP	EAST GREENBUSH NY			3.4. CITY - ST - ZIP 4.1 TITLE				Change	Addition
TITLE								T viniño	La ridolitori
NAME				2 NAME					l
STREET ADDRESS					ADDRESS]
CITY-ST-ZIP		I br		4 CITY-S	ST-ZIP			Change	Addition
TITLE		☐ DE		.1 TITLE				unange	
NAME				2 NAME					
STREET ADDRESS			5.	3 STREET	ADDRESS				
CITY-ST-ZIP		·-····································		4 CITY-S	ST-ZIP				
TITLE		☐ DE	LETE 6.	1 TITLE	.			Change	Addition
NAME			6.	2 NAME					
STREET ADDRESS			6.	3 STREET	ADDRESS				
CITY-ST-ZIP	<u>.</u>		6.	4 CITY-S	ST-ZIP				

14. I do 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 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 13 or 400 to 13 appears in Block 12 or Block 13 if changed, or on an attachmy A4.813