

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

FILED  
Aug 20 1996 8:00 am  
Secretary of State

DOCUMENT # N93000002940 (5)

1. Corporation Name

SUNCOAST FULL GOSPEL TABERNACLE, INC.

Principal Place of Business

1949 VICCORY  
HOLIDAY FL 34684

Mailing Address

P.O. BOX 3966  
HOLIDAY FL 34690

Po Box 3966

2. Principal Place of Business

21 1949 VICCORY  
Suite, Apt. #, etc.

2a. Mailing Address

26 3966 Ho  
Suite, Apt. #, etc.

City & State

23 Holiday FL  
Zip

24 34690

Country

25 Pasco

City & State

28 Holiday FL  
Zip

29 34690

Country

30 Pasco

3. Date Incorporated or Qualified  
06/25/1993

3a. Date of Last Report  
08/25/1995

4. FEI Number  
59-3195232

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$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

LANE, JEFFERY P  
3594 RIDGE BOULEVARD  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name Jeffery P Lane

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

83 3594 Ridge Blvd

84 City Palm Harbor FL

85 Zip Code 34684

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/12/96

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LANE, JEFFERY P  
STREET ADDRESS 3594 RIDGE BOULEVARD  
CITY-ST-ZIP PALM HARBOR FL

TITLE VD  
NAME HENSTEBECK, MIKE G  
STREET ADDRESS 7241 APT. B, MAHAFFEY DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE STD  
NAME LANE, REBECCA M  
STREET ADDRESS 3594 RIDGE BOULEVARD  
CITY-ST-ZIP PALM HARBOR FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Lane, Jeffery P  
1.3 STREET ADDRESS 3594 Ridge Blvd  
1.4 CITY-ST-ZIP Palm Harbor FL 34684

2.1 TITLE VD  
2.2 NAME Henstebek, Mike G  
2.3 STREET ADDRESS 7241 APT B, Mahaffey Dr  
2.4 CITY-ST-ZIP New Port Richey, FL 34684

3.1 TITLE STD  
3.2 NAME Lane, Rebecca M  
3.3 STREET ADDRESS 3594 Ridge Blvd  
3.4 CITY-ST-ZIP Palm Harbor FL 34684

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

Jeffery P. Lane 8/12/96

Date 8/13/96 Daytime Phone 813-765-1641

CR2E037 (3/96)