

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90049 033 ****61.25

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1. Corporation Name

SUNCOAST FULL GOSPEL TABERNACLE, INC.

Principal Place of Business

1949 VICCORY
HOLIDAY FL 34684
US

Mailing Address

P.O. BOX 3966
HOLIDAY FL 34690



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/25/1993

4. FEI Number

59-3195232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

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

TITLE D
NAME TSELIAS, HARVEY
STREET ADDRESS 508 N. DISTON AVE
CITY-ST-ZIP TARPON-SPRINGS FL 34689

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

TITLE TD
NAME RUDER, CHRIS
STREET ADDRESS 6134 POLK STREET
CITY-ST-ZIP NPR FL 34653

TITLE SD
NAME FEYCRABEARD, CATHREN
STREET ADDRESS 3558 RIDGE BLVD
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME ~~LANE, JEFFERY P~~
1.3 STREET ADDRESS ~~3594 RIDGE BOULEVARD~~ PO Box 742
1.4 CITY-ST-ZIP ~~PALM HARBOR FL~~ Crystal Beach FL 34681

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME TD Mike Henstebach
2.3 STREET ADDRESS 3120 Latrobe St. ~~TD~~
2.4 CITY-ST-ZIP NPR 34655

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME SD Linda Weidenbacher
3.3 STREET ADDRESS 3812 Caricea Rd
3.4 CITY-ST-ZIP Holiday FL 34691

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

5.1 TITLE VD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

14. I 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/99 727-785-
1141

CR2E037 (4/1/98)