

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90252 050 ****70.00

DOCUMENT # N93000002940	
1. Entity Name SUNCOAST FULL GOSPEL TABERNACLE, INC.	

Principal Place of Business 1949 VICTORY LN HOLIDAY FL 34684 US	Mailing Address P.O. BOX 3966 HOLIDAY FL 34690
---	--

2. Principal Place of Business 1949 VICE ROY LN	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3195232	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALCOR, PATRICK G 1041 HUSHMORE DR. HOLIDAY FL 34690	
7. Name and Address of New Registered Agent Name: MALCOR, PATRICK G Street Address (P.O. Box Number is Not Acceptable): 3247 ABIGAIL CT. City: NEW PORT RICHEY FL Zip Code: 34655	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **PATRICK G. MALCOR** *Patrick G. Malcor* DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MALCOR, PATRICK G 1041 RUSHMORE DR. HOLIDAY FL 34690 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC PATRICK G. MALCOR 3247 ABIGAIL CT NEW PORT RICHEY, FL, 34655 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT MALCOR, DOLORES M 1041 RUSHMORE DR. HOLIDAY FL 34690 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDT DOLORES M. MALCOR 3247 ABIGAIL CT NEW PORT RICHEY, FL, 34655 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COROTZAK, CHRISTOPHER 1041 RUSHMORE DR. HOLIDAY FL 34690 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HARRY TSELLOS 1820 SHADY COVE HOLIDAY, FL, 34691 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MALCOR, PATRICK G 1041 RUSHMORE DR. HOLIDAY FL 34690 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Patrick G. Malcor, Pres. PATRICK G. MALCOR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone: _____