

# 2000 UNIFORM BUSINESS REPORT (UBR)

0045428

DOCUMENT # N94000003569

1. Entity Name

SONCOAST CHRISTIAN MINISTRIES, INC.

Principal Place of Business

201 SW 1ST AVE  
BOCA RATON FL 33432  
US

Mailing Address

201 SW 1ST AVE  
BOCA RATON FL 33432-3801  
US

2. Principal Place of Business

7500 E COUNTRY CLUB BLVD  
BOCA RATON, FL 33487  
USA

3. Mailing Address

7500 E COUNTRY CLUB BLVD  
BOCA RATON, FL 33487  
USA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 27 PM 12:03



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0507128

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COWEN, D. CHRISTOPHER  
2161 NW 40TH AVE  
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name

S COWEN, D. CHRISTOPHER  
3212 SHERWOOD BLVD  
DELRAY BEACH, FL 33445

(table)

C

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered of.

f Florida.

SIGNATURE

D. Christopher Cowen.

x D. Christopher Cowen

3/20/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME COWEN, D. CHRISTOPHER  
STREET ADDRESS 2161 NW 40TH AVE  
CITY-ST-ZIP COCONUT CREEK FL ☐ Delete

TITLE TD  
NAME HARDEN, DAVE  
STREET ADDRESS 516 N. SWINTON AVENUE  
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE VD  
NAME PERUN, SAM  
STREET ADDRESS 104 GARDENS DR 102  
CITY-ST-ZIP POMPANO BCH FL 33069 ☒ Delete

TITLE SD  
NAME STOTLER, DOUGLAS  
STREET ADDRESS 5180 FEARNLEY RD  
CITY-ST-ZIP LAKE WORTH FL 33467 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD  
NAME DAVID GORDON  
STREET ADDRESS 1940 NE 28 TERRACE  
CITY-ST-ZIP POMPANO BEACH, FL 33064 ☐ Change ☒ Addition

TITLE SD  
NAME JAMES COMERFORD  
STREET ADDRESS 38 BETHSEDA PARK  
CITY-ST-ZIP BOYNTON BEACH, FL 33435 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: D. Christopher Cowen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

9561347.1929

Daytime Phone #

CR2E037 (9/99)