2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 02, 2005 8:00 am Secretary of State DOCUMENT # N95000003389 02-02-2005 90060 018 ****61.25 SUNCOAST CATHEDRAL METROPOLITAN COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 3276 EAST VENICE AVE VENICE FL 34292 3276 EAST VENICE AVE VENICE FL 34292 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) 4. FEI Number City & State City & State Applied For 65-0598940 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KENNEDY, SHERRY L 3276 VENICE AVENUE EAST Street Address (P.O. Box Number is Not Acceptable) VENICE FL 34292 Zip Code 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 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 Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Florida Department of State Added to Fees OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS IN 10 10. 11. PDC ☐ Addition ☐ Change ☐ Delete TITLE TITLE KENNEDY, SHERRY L REV NAME 4314 MANFIELD DR STREET ADDRESS STREET ADDRESS VENICE FL 34293 CITY-ST-ZIP CITY-ST-ZIP TD ☐ Defete ☐ Change ☐ Addition TITLE FISHER, CASSY NAME 4485 AVANTI CIRCLE STREET ADDRESS STREET ADDRESS NORTH PORT FL 34287 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete . ALLEN, SHERRY NAME P OBOX 1112 STREET ADDRESS STREET ADDRESS OSPREY FL 34229 CHY-SI-7IP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition TITLE WALDRON, DAVID NAME NAME 3180 BELLEVUE ST STREET ADDRESS STREET ADDRESS SARASOTA FL 34237 CITY-ST-ZIP CITY-ST-ZIP Member-at-large **Addition** THLE ☐ Defete TITLE Bisordi, Elizabeth 4523 Chase Oaks Dr. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

REV DR SHERRY L. LEMMEDY

FILED