


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90107 027 ****70.00

DOCUMENT # N95000003389		
1. Entity Name SUNCOAST CATHEDRAL METROPOLITAN COMMUNITY CHURCH, INC.		
Principal Place of Business 3276 EAST VENICE AVE VENICE, FL 34292 US	Mailing Address 3276 EAST VENICE AVE VENICE, FL 34292 US	

DO NOT WRITE IN THIS SPACE

01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0598940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KENNEDY, SHERRY L 3276 VENICE AVENUE EAST VENICE, FL 34292	DO NOT WRITE IN THIS SPACE
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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) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC KENNEDY, SHERRY L REV 4314 MANFIELD DR VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, CASSY 4485 AVANTI CIRCLE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN, SHERRY P OBOX 1112 OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALDRON, DAVID 3180 BELLEVUE ST SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BISARDI, ELIZABETH 4523 CHASE OAKS DR. SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACOBS, ROD 811 PANDA ROAD VENICE, FL 34293

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Rev Dr S L Kennedy **REV DR S L KENNEDY**

MARCH 6, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #