

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90090 004 \*\*\*\*61.25

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # N95000003389</b><br>1. Entity Name<br><b>SUNCOAST CATHEDRAL METROPOLITAN COMMUNITY CHURCH, INC.</b>  |   |  |   |  |  |
| Principal Place of Business<br><b>3276 EAST VENICE AVE<br/>VENICE, FL 34292 US</b>   |   |  | Mailing Address<br><b>3276 EAST VENICE AVE<br/>VENICE, FL 34292 US</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  |  |
| City & State   |   | City & State   |   | 03272007 Chg-NP CR2E037 (12/06)  |  |
| Zip  |   | Country  |   | 4. FEI Number<br><b>65-0598940</b><br>Applied For<br><input type="checkbox"/> Not Applicable   |  |
| Zip  |   | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent  |   |  |   | 7. Name and Address of New Registered Agent  |  |
| <b>KENNEDY, SHERRY L<br/>3276 VENICE AVENUE EAST<br/>VENICE, FL 34292</b>  |   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PDC<br/>KENNEDY, SHERRY L REV<br/>4314 MANFIELD DR<br/>VENICE, FL 34293</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <b>VD<br/>ELIZABETH M. BISORDI<br/>4523 CHASE OAKS DRIVE<br/>SARASOTA, FL 34241</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>FISHER, CASSY<br/>4485 AVANTI CIRCLE<br/>NORTH PORT, FL 34287</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <b>D<br/>DAVID G. PHILLIPS<br/>7826 PINE TRALE DRIVE<br/>SARASOTA, FL 34243</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD<br/>ALLEN, SHERRY<br/>P OBOX 1112<br/>OSPREY, FL 34229</b> <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <b>SD<br/>EUGENE BEHLEN<br/>430 CREEK LANE DRIVE<br/>ENGLEWOOD, FL 34223</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VD<br/>WALDRON, DAVID<br/>3180 BELLEVUE ST<br/>SARASOTA, FL 34237</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <b>D<br/>VIC SARGENT<br/>1300 N. RIVER RD C-25<br/>VENICE, FL 34293</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SD<br/>JACOBS, ROD<br/>811 PANOIA RD<br/>VENICE, FL 34293</b> <input checked="" type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <b>D<br/>PAT MERRILL<br/>3016 SALEM AVENUE<br/>SARASOTA, FL 34232</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <b>PDC<br/>KENNEDY, SHERRY L REV<br/>10315 EUSTON AVENUE<br/>ENGLEWOOD, FL 34224</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| 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. |   |  |   |  |  |
| <b>SIGNATURE:</b>  |   | 04/04/07 941 484-7088  |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date Daytime Phone #   |   |  |  |