

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000181

FILED
Mar 09, 2005
Secretary of State

Entity Name: SUNCOAST CHRISTIAN SCHOOL, INC,

Current Principal Place of Business:

2177 N.E. COACHMAN RD
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

2177 N.E. COACHMAN RD
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-3426282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMASTER, PAUL D
2316 ELLA PLACE
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCMASTER, PAUL D
Address: 2316 ELLA PLACE
City-St-Zip: CLEARWATER, FL 33765

Title: TSD () Delete
Name: RENT, NANCY
Address: 1148 GRANADA STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: JOHNSON, IRVIN
Address: 4040 CITRUS DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: HENRY, JONATHAN
Address: 1759 TOWNSEND STREET
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change () Addition
Name: RENT, NANCY
Address: 1543 SATSUMA STREET
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL D. MCMASTER

PD

03/09/2005

Electronic Signature of Signing Officer or Director

Date