2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000181

FILED Apr 03, 2007 Secretary of State

Entity Name: SUNCOAST CHRISTIAN SCHOOL, INC,

Janent Ph	incipal Place of	Busilless.	New Principal Plac	c or Dusiliess.
	COACHMAN RD TER, FL 33765	US		
Current Ma	ailing Address:		New Mailing Addre	ss:
	COACHMAN RD TER, FL 33765	US		
FEI Number:	59-3426282 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Curr	ent Registered Agent:	Name and Address	of New Registered Agent:
MCMASTER 2316 ELLA CLEARWA	,	US		
		nits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
The above r	of Florida.	mits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
The above r n the State	of Florida. E:	nits this statement for the p ignature of Registered Age		red office or registered agent, or both, Date
The above r n the State SIGNATUR	of Florida. E:	ignature of Registered Age	ent	
The above r n the State SIGNATUR	of Florida. E:Electronic S	rignature of Registered Age RS: ete D	ent	Date
The above renthe State SIGNATUR OFFICERS Title: Name: Address:	of Florida. E: Electronic S AND DIRECTOR PD () Dele MCMASTER, PAUL 2316 ELLA PLACE	rignature of Registered Age RS: ete D 33765 ete	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR
The above renthe State SIGNATUR OFFICERS Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	of Florida. E: Electronic S AND DIRECTOF PD () Dele MCMASTER, PAUL 2316 ELLA PLACE CLEARWATER, FL TSD () Dele RENT, NANCY 1543 SATSUMA STF	ignature of Registered Age RS: ete D 33765 ete REET 33756	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 04/03/2007