2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2008
Secretary of State

DOCUMENT# N97000000181

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:	1543 SATSUMA STREET	
City-St-Zip:	CLEARWATER, FL 33756	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 03/01/2008

Electronic Signature of Signing Officer or Director — Date