



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000007301 1. Entity Name SUNCOAST COMMUNITY CHURCH, INC.		
Principal Place of Business 18115 US HWY 41 N SUITE 100 LUTZ FL 33549		Mailing Address 18115 US HWY 41 N SUITE 100 LUTZ FL 33549
2. Principal Place of Business	3. Mailing Address	 1st MOORE CR2E037 (10/05)
Suite, Apt. #, etc	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	
4. FEI Number 59-3555710		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
PELHAM, C. JOYCE 1026 CRYSTAL LAKE ROAD LUTZ FL 33548		Name Street Address (P.O. Box Number is Not Acceptable) City
		FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: D <input type="checkbox"/> Delete NAME: PELHAM, C. JOYCE STREET ADDRESS: 1026 CRYSTAL LAKE ROAD CITY-ST-ZIP: LUTZ FL 33548	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> Delete NAME: LONG, EUGENE A STREET ADDRESS: 16406 SHAGBARK PLACE CITY-ST-ZIP: TAMPA FL 33618	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> Delete NAME: SEAL, GLYNN D STREET ADDRESS: 23173 GENEVA ROAD CITY-ST-ZIP: LAND O LAKES FL 34639	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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05/06/06-80088-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Glynn Dale Seal Glynn Dale Seal 4-20-06 813-235-9345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #