

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751614

Entity Name: SUNCOAST CHRISTIAN HOUSING, INC.**Current Principal Place of Business:**1000 BURLINGTON AVE, N
ST PETERSBURG, FL 33705-1538**Current Mailing Address:**170 E. CENTER STREET
MARION, OH 43302**FEI Number:** 43-1259794**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title PD
Name BARR, SYLVIA
Address C/O MANAGEMENT AGENT
PO BOX 1806
City-State-Zip: MARION OH 43302

Title MEMBER
Name MCEACHRON, MARILYN
Address 170 EAST CENTER STREET
City-State-Zip: MARION OH 43302

Title TREASURER
Name BARNES, JACK
Address 170 E CENTER ST
City-State-Zip: MARION OH 43302

Title VP
Name PRICE, MICHAEL
Address 170 E CENTER ST
City-State-Zip: MARION OH 43302

Title MEMBER
Name LAWRENCE, ELENA
Address 2067 62ND PLACE
City-State-Zip: ST PETERSBURG FL 33712

Title SECRETARY
Name HENDERSON, ROBERT
Address 170 E CENTER ST
City-State-Zip: MARION OH 43302

Title MEMBER
Name BARNES, MILDRED
Address 170 E CENTER ST
City-State-Zip: MARION OH 43302

Title MEMBER
Name PRICE, BETTY
Address 170 E CENTER ST
City-State-Zip: MARION OH 43302

I hereby 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 all other like empowered.

SIGNATURE: SYLVIA BARR**PRESIDENT****01/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date