

2024 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:**1000 BURLINGTON AVE, N
ST PETERSBURG, FL 33705-1538 US**FEI Number:** 43-1259794**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VCORP AGENT 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:** ANTHONY PALAZZO

04/26/2024

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

Title	MEMBER
Name	BARR, MARY LOU
Address	1000 BURLINGTON AVE, N
City-State-Zip:	ST PETERSBURG FL 33705-1538

Title	MEMBER
Name	FRIEDMAN, DEBORAH
Address	86 ROUTE 59 EAST
City-State-Zip:	SPRING VALLEY NY 10977

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

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

Title	MEMBER
Name	WILHELM, ISRAEL
Address	86 ROUTE 59 EAST
City-State-Zip:	SPRING VALLEY NY 10977

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: ISRAEL WILHELM**DIRECTOR**

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date