

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760372

Entity Name: THE CHURCH AT SUN COAST OF NORTH FLORIDA,INC**Current Principal Place of Business:**4200 GEORGETOWN DR.
JACKSONVILLE, FL 32210**Current Mailing Address:**4200 GEORGETOWN DR.
JACKSONVILLE, FL 32210**FEI Number: 59-0870367****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GAYLOR, MIKE JPASTOR
45458 AMERICAN DREAM DR
CALLAHAN, FL 32011 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	DEACON
Name	JOHNS, KEVIN
Address	8228 WAYBRIDGE DR.
City-State-Zip:	JACKSONVILLE FL 32244

Title	ELDER
Name	UNGAR, LARRY JOHN
Address	6942 ALACHUA AVE
City-State-Zip:	JACKSONVILLE FL 32210

Title	DEACON
Name	UNGAR, LARRY
Address	1635 SPRINGS OAKS LN
City-State-Zip:	JACKSONVILLE FL 32221

Title	PASTOR
Name	GAYLOR, MIKE J
Address	45458 AMERICAN DREAM DR
City-State-Zip:	CALLAHAN FL 32011

Title	DEACON
Name	PARISEAU, CHRIS
Address	8043 SABLEWOOD DR.
City-State-Zip:	JACKSONVILLE FL 32244

Title	TREASURER
Name	TUTEN, CRAIG
Address	5400 COLLINS LAKE DR 1114
City-State-Zip:	JACKSONVILLE FL 32244

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: MIKE GAYLOR**PASTOR****01/30/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date