

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90005 043 ****61.25

DOCUMENT # 709053
 1. Entity Name
 DANIELS ROAD BAPTIST CHURCH, INC.



Principal Place of Business
 5878 DANIELS PARKWAY
 FORT MYERS, FL 33912

Mailing Address
 5878 DANIELS PARKWAY
 FORT MYERS, FL 33912

40022482



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02132007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2350694 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HAYNES, STANLEY
 11170 CARAVEL CIRCLE #302
 FORT MYERS, FL 33908

7. Name and Address of New Registered Agent
 Name: **BRIAN L. SABEAN**
 Street Address (P.O. Box Number is Not Acceptable):
5878 DANIELS PARKWAY
 City: **FORT MYERS** FL Zip Code: **33907**

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: *Brian L. Sabean* DATE: 2/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$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 NAME STREET ADDRESS CITY-ST-ZIP	D RUFF, JOHN 858 HATCHEE VISTA DR. FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Seaman, Dan 9110 San Carlos Blvd. Fort Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, VAN 6941 HONEYCOMB LANE FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNAND, DAVE 8241 HARRISBURG DR. FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Annand, Dave 20444 Torre Del Lago Street Estero, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HAYNES, STANLEY 11170 CARAVEL CIRCLE #302 FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alexander, Roger 1065 Evans Road LaBelle, FL 33935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABEAN, BRIAN 8525 DARTMOUTH ST. FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D SABEAN, BRIAN 8525 DARTMOUTH ST FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINDAL, CHRISTOPHER L 14091 EAGLE RIDGE LAKES DRIVE #202 FT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Brian L. Sabean* DATE: 2/17/07 DAYTIME PHONE #: 239-939-4387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR