

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90011 008 ****61.25

DOCUMENT # 715933

1. Entity Name
SANTA ROSA SHORES BAPTIST CHURCH, INC.



Principal Place of Business
**3153 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 US**

Mailing Address
**3153 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 US**

DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~Deceased~~
~~JENKINS, ELTON~~
~~1251 AINSWORTH DRIVE~~
~~GULF BREEZE, FL 32563~~

JAMES A. SKAGGS
8301 FORTWORTH ST
NAVARO, FL 32566

**DO NOT WRITE
IN THIS SPACE**

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 *James A. Skaggs*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8-30-07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS:

TITLE **PD Deceased**
NAME **JENKINS, ELTON**
STREET ADDRESS **1251 AINSWORTH DRIVE**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

JAMES A. SKAGGS
8301 FORTWORTH ST
NAVARO, FL 32566

TITLE **VD**
NAME **SHEEHAN, JEAN**
STREET ADDRESS **2872 PGA BLVD.**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **TD**
NAME **SHORES, THELMA**
STREET ADDRESS **1400 NESTING DRIVE**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

4764 KITTY HAWK RD

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *James A. Skaggs* **JAMES A. SKAGGS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-30-07 850-939-2779