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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 727710

1. Corporation Name

SYDNEY BAPTIST CHURCH, INC.

Principal Place of Business

SYDNEY BCD <  
P O BOX 430  
SYDNEY FL 33587

Mailing Address

SYDNEY BCD <  
P O BOX 430  
SYDNEY FL 33587



2. Principal Place of Business

21 1500 Cree Rd  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 430  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
10/10/1973

4. FEI Number  
59-1849798

Applied For  
Not Applicable

22 City & State

23 Dover, FL  
Zip Country

27 City & State

28 Sydney, FL  
Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 33527 25

29 33587 30

9. Name and Address of Current Registered Agent

RICHARD, LUKE  
927 BLANKENSHIP RD  
DOVER FL 33527

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Richard Luke  
Signature, typed or printed name of registered agent and title if applicable.

Richard Luke  
(NOTE: Registered Agent signature required when reinstating)

2-16-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE D  DELETE  
NAME CROSBY, VERNON SR.  
STREET ADDRESS 401 MILLER RD  
CITY-ST-ZIP VAIRICO FL

TITLE D  DELETE  
NAME LUKE RICHARD  
STREET ADDRESS 927 BLANKENSHIP RD  
CITY-ST-ZIP DOVER FL

TITLE D  DELETE  
NAME WALL, HOMER  
STREET ADDRESS 2719 N. DOVER RD.  
CITY-ST-ZIP DOVER FL 33527

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-16-99

813-737-2273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)