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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 **1540 Cree Rd**

Suite, Apt. #, etc.

22 City & State

23 **Dover, FL**

24 **33527** 25 Country

2a. Mailing Address

26 **P.O. Box 430**

Suite, Apt. #, etc.

27 City & State

28 **Sydney, FL**

29 **33587** 30 Country

3. Date Incorporated or Qualified

10/10/1973

4. FEI Number

59-1849798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

TITLE ☐ DELETE
NAME **D**
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99

Date

813-737-2273

Daytime Phone #

CR2E037 (11/98)