


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732952 (7)
1. Corporation Name
SHEPHERD ROAD BAPTIST CHURCH OF MULBERRY, INC.



Principal Place of Business 3820 SHEPHERD ROAD MULBERRY FL 33660	Mailing Address PO BOX 1064 MULBERRY FL 33660
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3. Date Incorporated or Qualified 06/04/1975	
4. FEI Number 05-0113800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**CUTHBERTON, GORDON
3815 BENT TREE LOOP W
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name John W. Turner	
82 Street Address (P.O. Box Number is Not Acceptable) 3811 Foxcraft Court	
83	
84 City Lakeland, FL.	85 Zip Code FL 33813

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: John W. Turner DATE: 4/12/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	VEREEN, FRANK
STREET ADDRESS	4618 HORTON RD. Horton
CITY-ST-ZIP	PLANT CTY FL 33587
TITLE	D <input type="checkbox"/> DELETE
NAME	TURNER, JOHN W
STREET ADDRESS	3811 FOXCRAFT COURT
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CUTHBERTON, GORDON
STREET ADDRESS	3815 BENT TREE LOOP W
CITY-ST-ZIP	LAKELAND, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kenny Armstrong
3.3 STREET ADDRESS	3363 Ewell Road
3.4 CITY-ST-ZIP	Lakeland, FL 33811
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: John W. Turner DATE: 4/12/98

CR2E037 (10/97)