


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90004 005 \*\*\*61.25

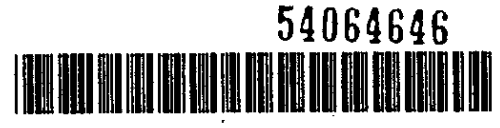
**DOCUMENT # 732952**

1. Entity Name  
 SHEPHERD ROAD BAPTIST CHURCH OF MULBERRY, INC.



Principal Place of Business  
 3820 SHEPHERD ROAD  
 MULBERRY, FL 33860

Mailing Address  
 PO BOX 1054  
 MULBERRY, FL 33860



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

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

07072004 Chg-NP CR2E037 (10/03)

4. FEI Number  
 05-0113800 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BALSLEY, ALLEN  
 2311 DEERBROOKE DR  
 LAKELAND, FL 33811

7. Name and Address of New Registered Agent

Name Collins, Gary  
 Street Address (P.O. Box Number is Not Acceptable)  
123 Elm Court  
 City Lakeland FL Zip Code 33813

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 Yang C Collins DATE 7-7-04

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

**Filing Fee is \$61.25 Due by September 8, 2004**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	VEREEN, FRANK	
STREET ADDRESS	4618 HORTON RD	
CITY-ST-ZIP	PLANT CTY, FL 33567	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, THOMAS	
STREET ADDRESS	6319 SHEPARD OAKS RD	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, GARY	
STREET ADDRESS	123 ELM COURT	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Turner John	
STREET ADDRESS	2340 Magnolia Ave	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Franklin Vereen (FRANKLIN VEREEN) Date 21-July-2004 Daytime Phone # 813 737-1075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR