


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 732952

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



Principal Place of Business
**3920 SHEPHERD ROAD
 MULBERRY, FL 33860**

Mailing Address
**PO BOX 1054
 MULBERRY, FL 33860**

DO NOT WRITE IN THIS SPACE



01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number
05-0113800

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

**COLLINS, GARY
 123 ELM COURT
 LAKELAND, FL 33813**

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: *Mary C. Collins* **1-31-06**

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VEREEN, FRANK
STREET ADDRESS	4618 HORTON RD
CITY-ST-ZIP	PLANT CTY, FL 33567
TITLE	D
NAME	TURNER, JOHN
STREET ADDRESS	8940 MAGNOLIA AVE
CITY-ST-ZIP	LAKELAND, FL 33818
TITLE	D
NAME	COLLINS, GARY
STREET ADDRESS	123 ELM COURT
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	DEVINE, NEIL
STREET ADDRESS	6121 LAZY CREEK COURT
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 02/27/06 80036-011 61.25

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: *Franklin Vereen* (**FRANKLIN VEREEN**) **13-FEB-2006** **813-737-1075**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #