


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90029 002 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

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

02062008 Chg-NP CR2E037 (12/06)

8. Name and Address of Current Registered Agent  
 COLLINS, GARY-  
 123 ELM COURT  
 LAKELAND, FL 33813

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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: Gary C. Collins DATE: 2-6-08

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

**Filing Fee Is \$61.25**  
**Due by May 1, 2008**

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	4818 HORTON RD	
CITY-ST-ZIP	PLANT CTY, FL 33567	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TURNER, JOHN	
STREET ADDRESS	2340 MAGNOLIA AVE	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, GARY	
STREET ADDRESS	123 ELM COURT	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVINE, NEIL	
STREET ADDRESS	5121 LAZY CREEK COURT	
CITY-ST-ZIP	LAKELAND, FL 33811	
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harrison Smith	
STREET ADDRESS	7345 Coronet Rd	
CITY-ST-ZIP	Mulberry FL 33860	
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 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) DATE: 11-JAN-2008 DAYTIME PHONE #: 813-737-1075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR