

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007643

Entity Name: SUNSHINE BAPTIST FELLOWSHIP, INC.

FILED
Mar 20, 2024
Secretary of State
0348770780CC

Current Principal Place of Business:

SBF C/O SRBC
P.O. BOX 1054 3820 SHEPHERD ROAD
MULBERRY, FL 33860

Current Mailing Address:

SBF C/O SRBC
P.O. BOX 1054
MULBERRY, FL 33860 US

FEI Number: 65-1093335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIPPINCOTT, LESTER L III
SBF C/O SRBC
P.O. BOX 1054 3820 SHEPHERD ROAD
MULBERRY, FL 33860 US

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.

SIGNATURE: LESTER L LIPPINCOTT III

03/20/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name LIPPINCOTT, LESTER L III
Address SBF C/O SRBC
 P.O. BOX 1054 3820 SHEPHERD
 ROAD
City-State-Zip: MULBERRY FL 33860

Title SECRETARY
Name COLLINS, GARY
Address 3348 EASY STREET
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name BANKS, MICHAEL
Address 13537 ADMIRAL CT
City-State-Zip: FORT MYERS FL 33912

Title DIRECTOR
Name MARTIN, WILLIAM
Address 2518 NORTH ORANGEWOOD ST
City-State-Zip: AVON PARK FL 33825

Title VC
Name SIMPSON, STEPHEN
Address PO BOX 866
City-State-Zip: EAGLE LAKE FL 33839

Title CHAIRMAN
Name PRINZING, GEORGE
Address 32912 RAMBLING OAKS CT
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name CLAY, CHARLES H
Address FAITH BAPTIST CHURCH
 399 MARION OAKS LANE
City-State-Zip: OCALA FL 34472

Title DIRECTOR
Name MAXWELL, JAMES
Address 6941 APPLEBY DR
City-State-Zip: NAPLES FL 34104

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LESTER L LIPPINCOTT III

TREASURER

03/20/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name YOUMANS, PAUL

Address 1198 17TH ST

City-State-Zip: ORANGE CITY FL 32763