2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 21, 2007 8:00 am **Secretary of State DOCUMENT #702333** 1. Entity Name 03-21-2007 90032 012 ****70.00 BEE RIDGE BAPTIST CHURCH INCORPORATED, OF SARASOTA, FLORIDA Principal Place of Business Mailing Address 4210 PROCTOR ROAD 4210 PROCTOR ROAD SARASOTA, FL 34233-2223 SARASOTA, FL 34233-2223 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-0991182 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETERS, CHARLES 620 SIMMONS AVE. Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34232 City 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 ed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ME ☐ Delete TITLE ☐ Change ☐ Addition NAME PETERS, CHARLES NAME STREET ADDRESS 620 SIMMONS AVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIP SD TITLE Delete TITLE Change Addition EDWARD CONFER STOKES, J D NAME NAME 3017 BETTY DK STREET ADDRESS 5347 WOODLAKE DR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 SARASOTA FL 34232 CITY-ST-ZIP マカ TITLE Delete TITLE ☐ Change Addition **BLANTON, THOMAS D** GARY MAJOR 4883 SOUTHLAND DR NAME **5741 FORRESTON PINE COURT** STREET ADDRESS STREET ADDRESS SARASOTA, FL 34243 CITY-ST-ZIP CITY-ST-ZIP DARASOTA FL 34251 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

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