

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90181 018 ****61.25

DOCUMENT # 703180 1. Entity Name SKY LAKE BAPTIST CHURCH INC					
Principal Place of Business 6229 WINEGARD ROAD ORLANDO, FL 32809				Mailing Address 6229 WINEGARD ROAD ORLANDO, FL 32809	
2. Principal Place of Business - No P.O. Box # 437 Royal Bonnet Ct		3. Mailing Address 437 Royal Bonnet Ct.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ft. Myers, FL		City & State Ft. Myers, FL		4. FEI Number 59-2469465	
Zip 33908		Country Lee		Applied For <input type="checkbox"/> Not Applicable	
Zip 33908		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEFF, D 5143 CREUSOT CT. ORLANDO, FL 32809				7. Name and Address of New Registered Agent Name D. Schneff Street Address (P.O. Box Number is Not Acceptable) 437 Royal Bonnet Ct. City Ft. Myers FL Zip Code 33908	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHARRIS, LINDA 3849 MANTEO CIR. ORLANDO, FL 32837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SCHNEFF, DONALD 5143 CREUSOT CT. ORLANDO, FL 32839	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEFF, YUONNE 5143 CREUSOT CT. ORLANDO, FL 32839	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JOHN 1008 PINE ST. ORLANDO, FL 32824	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: DONALD SCHNEFF 4/12/07 (239) 481-5224 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					