


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

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 704907</b> 1. Entity Name <b>SHERIDAN HILLS BAPTIST CHURCH, INC.</b>	
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Principal Place of Business <b>3751 SHERIDAN STREET HOLLYWOOD, FL 33021</b>	Mailing Address <b>3751 SHERIDAN STREET HOLLYWOOD, FL 33021</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1111743</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HAUMSCHILT, MARK E  
3751 SHERIDAN ST  
HOLLYWOOD, FL 33021**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLASS, JIM 2864 W ORCHARD CIR DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAUMSCHILT, MARK E 13823 NW 10TH CT PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARIAS, ELY 5406 ARTHUR ST HOLLYWOOD, FL 330214606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERWIG, AARON 19542 SW 39 ST MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEEN, FRED 1421 SW 21 LANE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DAN 330 NE 48 ST. FORT LAUDERDALE, FL 33334

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03/07/07-80051-025.70.00

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:** \_\_\_\_\_ **1/9/07** **954-961-4250**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #