


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90043 003 ****70.00

DOCUMENT # 707097 1. Entity Name THE FIRST BAPTIST CHURCH OF SANLANDO SPRINGS HOLDING COMPANY, INC.					
Principal Place of Business 742 SANLANDO RD ALTAMONTE SPRGS, FL 32714			Mailing Address 742 SANLANDO RD ALTAMONTE SPRGS, FL 32714		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		03252007 Chg-NP CR2E037 (12/06)
4. FEI Number 59-1577455				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STACK, RICHARD 1410 PARROT WAY LONGWOOD, FL 32750			7. Name and Address of New Registered Agent Name HENDERSON, TOM Street Address (P.O. Box Number is Not Acceptable) 404 SANDY HILL DRIVE City LONGWOOD, FL Zip Code 32779		
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 <u>Tom B. Henderson</u> <u>Tom B. Henderson, Trustee Chr.</u> <u>5 APR 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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	T STACK, RICHARD 1410 PARROT WAY LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLMOND, JOHN 762 BROOKFOREST COURT APOPKA, FL 32712
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOCKNER, ROBERT 613 ORCHID LANE ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOCKNER, ROBERT 613 ORCHID LANE ALTAMONTE SPRINGS, FL 32714
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, JAMES 115 SPANISH BAY DRIVE SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, JAMES 115 SPANISH BAY DRIVE SANFORD, FL 32771
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHELBY, TED 547 LITTLE WEKIVA ROAD ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHELBY, TED 547 LITTLE WEKIVA ROAD ALTAMONTE SPRINGS, FL 32714
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENDERSON, TOM 404 SANDY HILL DRIVE LONGWOOD, FL 32779	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENDERSON, TOM 404 SANDY HILL DRIVE LONGWOOD, FL 32779
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENDERSON, TOM 404 SANDY HILL DRIVE LONGWOOD, FL 32779	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENDERSON, TOM 404 SANDY HILL DRIVE LONGWOOD, FL 32779
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Tom B. Henderson</u> <u>Tom B. Henderson, Trustee Chr.</u> <u>5 APR 2007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					