
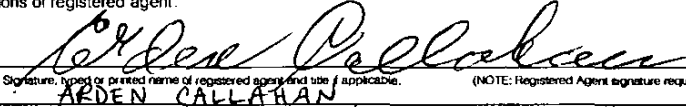
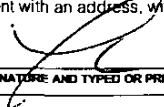


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90053 033 \*\*\*\*70.00

<b>DOCUMENT # 707924</b>					
1. Entity Name SANFORD BIBLE CHURCH OF SANFORD, FLORIDA, INC.					
Principal Place of Business 2460 SANFORD AVE SANFORD, FL 32771		Mailing Address 2460 SANFORD AVE SANFORD, FL 32771			
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	4. FEI Number 70-7924691	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAVIGNE, KENNETH M 313 DOGWOOD DR SANFORD, FL 32771			Name CALLAHAN, ARDEN Street Address (P.O. Box Number is Not Acceptable) 622 MEXICO COURT City SANFORD FL Zip Code 32771		
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  ARDEN CALLAHAN		(NOTE: Registered Agent signature required when re-registering)		DATE 2-11-07	
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	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAVIGNE, KENNETH M	NAME			
STREET ADDRESS	313 DOGWOOD DR	STREET ADDRESS			
CITY-ST-ZIP	SANFORD, FL 32771	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STINCHCOMB, CHARLES E SR	NAME			
STREET ADDRESS	2426 S PALMETTO AVE.	STREET ADDRESS			
CITY-ST-ZIP	SANFORD, FL 32771	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALLAHAN, ARDEN	NAME			
STREET ADDRESS	622 MEXICO COURT	STREET ADDRESS			
CITY-ST-ZIP	SANFORD, FL 32771	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Director		
STREET ADDRESS		STREET ADDRESS	FRANK LARRY		
CITY-ST-ZIP		CITY-ST-ZIP	107 BRIERWOOD DRIVE		
			SANFORD FL 32771		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: 		LARRY W. FRANK		2/11/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone # 407-323-6675	

40016004

