

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90055 011 \*\*\*\*61.25

24080390



06302004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 710239</b> 1. Entity Name <b>SHERWOOD PARK BAPTIST CHURCH, INC.</b>					
Principal Place of Business 2676 POST ROAD EAU GALLIE, FL 32935				Mailing Address 2676 POST ROAD EAU GALLIE, FL 32935	
2. Principal Place of Business <i>2676 Post Road</i> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <i>2676 Post Road</i> <small>Suite, Apt. #, etc.</small>		4. FEI Number <b>59-1773146</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State <i>Melbourne, FL</i> <small>Zip</small> <i>32935</i> <small>Country</small> <i>U.S.A.</i>		City & State <i>Melbourne, FL</i> <small>Zip</small> <i>32935</i> <small>Country</small> <i>U.S.A.</i>			
6. Name and Address of Current Registered Agent <b>COTTRILL, TERRIE</b> <b>2480 WARWICK RD</b> <b>MELBOURNE, FL 32935</b>					
7. Name and Address of New Registered Agent Name <i>Beatrice PLATT</i> Street Address (P.O. Box Number is Not Acceptable) <i>2676 Post Road</i> City <i>Melbourne</i> <b>FL</b> <small>Zip Code</small> <i>32935</i>				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 <i>Beatrice PLATT PT Beatrice Platt PT</i> <i>8/10/04</i> <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 <b>\$61.25</b> Due by <b>September 8, 2004</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PD MERRY, THOMAS 1971 NICKLAUS DRIVE MELBOURNE, FL	<input checked="" type="checkbox"/> Delete	TITLE	PT BEATRICE PLATT 4905 W. EAU GALLIE BLVD Melbourne FL 32934	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	SD COTTRILL, TERRIE 2480 WARWICK MELBOURNE, FL	<input checked="" type="checkbox"/> Delete	TITLE	ST ANDREA VandeBerg 164 SAN JUAN Circle Melbourne FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	VD ARMSTRONG, LESTER 2202 KING RICHARD DR MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE	Trustee ERNEST VandeBerg 2559 Locksley Rd Melbourne FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D VALIANTE, PAUL J 2782 HEREFORD RD MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE	Darrell Bostwick VPT 3218 ALABAMA ST Melbourne FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D MALOY, RICHARD J PO BOX 360942 MELBOURNE, FL 32936	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D JAMES, JOHN D JR 2884 WARWICK RD MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: <i>Beatrice Platt (Beatrice PLATT)</i> <i>8/10/04</i> <i>321-726-0493</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					