

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90008 006 ****61.25

DOCUMENT # 712250 1. Entity Name SHADY GROVE BAPTIST CHURCH INC., BONIFAY, FLORIDA					
Principal Place of Business 1955 HWY 177-A BONIFAY, FL 32425			Mailing Address 1955 HWY 177-A BONIFAY, FL 32425		
2. Principal Place of Business 1955 HWY 177-A Suite, Apt. #, etc.			3. Mailing Address 1955 HWY 177-A Suite, Apt. #, etc.		
City & State Bonifay, FL Zip 32425			City & State Bonifay, FL Zip 32425		
Country Holmes			Country Holmes		
4. FEI Number 59-2137823			Applied For ☒ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MARLON, KARL 2396 JOHN MARSH RD BONIFAY, FL 32425			7. Name and Address of New Registered Agent Name Strickland, Okley Street Address (P.O. Box Number is Not Acceptable) 712 E. Montana Ave. City Bonifay FL Zip Code 32425		
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>Okley Strickland</i> OKLEY STRICKLAND DATE 1-11-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	D MARLON, KARL 2396 JOHN MARSH RD BONIFAY, FL 32425	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Strickland, Okley 712 E. Montana Ave Bonifay, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILLOY, BILL D 1610 HWY 177 BONIFAY, FL	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Segers, Lonnie 1844 Adolph Whitaker Rd. Bonifay, Florida 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRICKLAND, OKLEY 712 E MONTANA AVE BONIFAY, FL 32425	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS 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>Okley Strickland</i> OKLEY STRICKLAND			Date 1-11-04 Daytime Phone # (850) 547-3151		