

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712250

FILED  
Apr 14, 2005  
Secretary of State

**Entity Name:** SHADY GROVE BAPTIST CHURCH INC., BONIFAY, FLORIDA

**Current Principal Place of Business:**

1955 HWY 177-A  
BONIFAY, FL 32425

**New Principal Place of Business:**

**Current Mailing Address:**

1955 HWY 177-A  
BONIFAY, FL 32425

**New Mailing Address:**

**FEI Number:** 59-2137823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRICKLAND, OKLEY  
712 E, MONTANA AVE.  
BONIFAY, FL 32425 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: STRICKLAND, OKLEY  
Address: 712 E. MONTANA AVE  
City-St-Zip: BONIFAY, FL 32425

Title: VD ( ) Delete  
Name: SEGERS, LONNIE  
Address: 1844 ADOLPH WHITAKER RD.  
City-St-Zip: BONIFAY, FL 32425

Title: VD ( ) Delete  
Name: STRICKLAND, OKLEY  
Address: 712 E MONTANA AVE  
City-St-Zip: BONIFAY, FL 32425

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: TULKOFF, WYNONE  
Address: 2715 SHERWOOD DR.  
City-St-Zip: BONIFAY, FL 32425

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OKLEY STRICKLAND

VD

04/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date