2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State
03-14-2007 90031 022 ****61.25

DOCUMENT # 712250

1. Entity Name

SHADY GROVE BAPTIST CHURCH INC.

Principal Place of Business	Mailing Address
1955 HWY 177-A BONIFAY FL 32425	1955 HWY 177-A BONIFAY FL 32425

1st MOORE CR2E037 (10/06)

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 59-2137823 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STRICKLAND, OKLEY 712 E, MONTANA AVE. BONIFAY FL 32425	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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	VD STRICKLAND, OKLEY 712 E. MONTANA AVE BONIFAY FL 32425	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TRUSTEE Helen C. McKinley 2062 Caney Branch Road Bonifay FL 32425	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD SEGERS, LONNIE 1844 ADOLPH WHITAKER RD. BONIFAY FL 32425	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TRUSTEE James A. Causseaux 2063 Caney Branch Road Bonifay FL 32425	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD TULKOFF, WYNONE 2715 SHERWOOD DR. BONIFAY FL 32425	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Okley Strickland Okley Strickland 3-5-07 850-547-3151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #