

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 A
Secretary of State

DOCUMENT # 712250

1. Entity Name
SHADY GROVE BAPTIST CHURCH INC.



Principal Place of Business

**1955 HWY 177-A
BONIFAY, FL 32425**

Mailing Address

**1955 HWY 177-A
BONIFAY, FL 32425**



01202008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	STRICKLAND, OKLEY
STREET ADDRESS	712 E. MONTANA AVE
CITY - ST - ZIP	BONIFAY, FL 32425
TITLE	TR
NAME	MCKINLEY, HELEN C
STREET ADDRESS	2062 CANEY BRANCH ROAD
CITY - ST - ZIP	BONIFAY, FL 32425
TITLE	TR
NAME	CAUSSEUX, JAMES A
STREET ADDRESS	2063 CANEY BRANCH ROAD
CITY - ST - ZIP	BONIFAY, FL 32425

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #