

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90183 044 \*\*\*\*61.25

0066573

**DOCUMENT # 717584**

1. Corporation Name

**SKYLAND BAPTIST CHURCH, INC.**

Principal Place of Business

906 SAVANNAH AVENUE  
LAKELAND FL 33815  
US

Mailing Address

P O BOX 1764  
LAKELAND FL 33802-764  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**11/19/1969**

4. FEI Number

**59-2359596**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

A.G. BELL  
1924 W. HIGHLAND ST.  
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name

**Clayton Sherrouse**

82 Street Address (P.O. Box Number is Not Acceptable)

**2708 Smithtown Drive**

83

84 City

**Lakeland**

**FL**

85

**33801**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

*Clayton P. Sherrouse*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/22/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **ST STEPHENS, LOUISE**  
STREET ADDRESS **11851 BAILEY ROAD**  
CITY-STATE-ZIP **KATHLEEN FL 33849**

TITLE ☒ DELETE

NAME **T CLAYTON SHERROUSE**  
STREET ADDRESS **2015 SOMERVILLE DR. SOUTH**  
CITY-STATE-ZIP **LAKELAND FL 33801**

TITLE ☒ DELETE

NAME **CT BELL, A.G.**  
STREET ADDRESS **1924 W. HIGHLAND ST.**  
CITY-STATE-ZIP **LAKELAND FL 33809**

TITLE ☒ DELETE

NAME **T DEAN SHERMAN**  
STREET ADDRESS **516 EDGEWOOD DR.**  
CITY-STATE-ZIP **LAKELAND FL 33803**

TITLE ☒ DELETE

NAME **T LUCY MILLS**  
STREET ADDRESS **825 SWINDELL AVE.**  
CITY-STATE-ZIP **LAKELAND FL 33815**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **TR Clayton Sherrouse**  
1.3 STREET ADDRESS **2708 Smithtown Dr.**  
1.4 CITY-STATE-ZIP **Lakeland, FL 33801**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **T/TR Joan K. Wright**  
2.3 STREET ADDRESS **5457 6th St. S.E.**  
2.4 CITY-STATE-ZIP **Lakeland, FL 33813**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **S/TR Bobbie Jean Walker**  
3.3 STREET ADDRESS **2703 Wilson Blvd.**  
3.4 CITY-STATE-ZIP **Lakeland, FL 33805**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **TR/C Bart P. Weatherford**  
4.3 STREET ADDRESS **605 Dees Rd., West**  
4.4 CITY-STATE-ZIP **Lakeland, FL 33809**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Bart P. Weatherford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-99**

Date

**741-665-6471**

Daytime Phone #

CR2E037 (11/98)