2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 721071

1. Entity Name
SIMMONS LOOP BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
6610 SIMMONS LOOP RIVERVIEW, FL 33569	6610 SIMMONS LOOP RIVERVIEW, FL 33569

02062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1677093
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CUSICK, LARENCE R REV
3903 SADDLE RIDGE STREET
VALRICO, FL 33594

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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 Laurence R. Cusick Pastor 11 Feb 2004
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CARLTON, FLOYD
STREET ADDRESS	10415 CONE GROVE ROAD
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	PETERSON, WALLACE
STREET ADDRESS	12846 A HWY 301 S
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	PETERSON, MRS. LINDA
STREET ADDRESS	12846 A. HWY. 301 S.
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	LAMBERT, MRS. GLENNISE
STREET ADDRESS	509 FLORIDA CIR. SO.
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/04-80020-014 61.25

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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: Glennise A Lambert 11 February 2004 813-677-9310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #