

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 721071 1. Entity Name SIMMONS LOOP BAPTIST CHURCH, INC.	
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Principal Place of Business 6610 SIMMONS LOOP RIVERVIEW, FL 33569	Mailing Address 6610 SIMMONS LOOP RIVERVIEW, FL 33569
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DO NOT WRITE IN THIS SPACE



02102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1677093	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

LARENCE R. Cusick

**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 *LARENCE R. Cusick* (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

000000434765
02/25/06-80015-007 61.25

**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 all other like empowered.

SIGNATURE: *Glennise A Lambert* GLENNISE A LAMBERT 13 February 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone R