

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730088

FILED
Sep 01, 2007
Secretary of State

Entity Name: SOUTH CONWAY ROAD BAPTIST CHURCH, INC.

Current Principal Place of Business:

6099 SOUTH CONWAY ROAD
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

6099 SOUTH CONWAY ROAD
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 59-1543415 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COZAD, CAROL A
833 APPLETON AVENUE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

COZAD, CAROL A
1710 CAMPBELL AVENUE
ORLANDO, FL 32806 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

09/01/2007

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, JIMMY
Address: 6099 SOUTH CONWAY ROAD
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: BERT, STEVEN M
Address: 4820 HAINES CIRCLE
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: STOCKER, EASTER
Address: 4420 SEILS WAY
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BERG, STEVEN M
Address: 4820 HAINES CIRCLE
City-St-Zip: ORLANDO, FL 32822

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMY JOHNSON

PD

09/01/2007

Electronic Signature of Signing Officer or Director

Date