

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90142 018 *****61.25

DOCUMENT # 730552

1. Entity Name

FLORIDA STATE MISSIONARY BAPTIST FOUNDATION, INC.



Principal Place of Business

4645 BAPTIST ISLAND RD.
GROVELAND FL 34736
US

Mailing Address

P O BOX 86
GROVELAND FL 34736
US

20057333



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7412947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANIER, CLYDE
456 AVENUE H S.E.
WINTER HAVEN FL 33880

Name

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

City

FL

Zip Code

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

Clyde Lanier

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD
NAME BEATY, KERRY ☐ Delete
STREET ADDRESS 3505 W. LONE OAK RD
CITY-ST-ZIP PLANT CITY FL 33-3567

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STRICKLAND, O.L.
STREET ADDRESS 329 FORTUNA ST
CITY-ST-ZIP ARCADIA FL 34266

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CMGR ☐ Delete
NAME DOBSON, STEVEN
STREET ADDRESS 4645 BAPTIST ISLAND ROAD
CITY-ST-ZIP GROVELAND FL 34736

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KIRKLAND, RAY
STREET ADDRESS 21825 TARTAN STREET
CITY-ST-ZIP LEESBURG FL 34748

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME BUTTONS, EDWIN
STREET ADDRESS P.O. BOX 370
CITY-ST-ZIP WEBSTER FL 33597

TITLE P ☒ Change ☐ Addition
NAME BUTTON, EDWIN
STREET ADDRESS PO BOX 370
CITY-ST-ZIP WEBSTER FL 33597

TITLE TD ☐ Delete
NAME LANIER, CLYDE
STREET ADDRESS 456 AVE. S.E.
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE TD ☒ Change ☐ Addition
NAME 12300 Old Grade Rd.
STREET ADDRESS Polk City FL 33868
CITY-ST-ZIP

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:

Clyde Lanier Clyde Lanier

4/29/05

352-793-3535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #