## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 731495** 

FILED Jul 12, 2007 Secretary of State

Entity Name: SOUTH BISCAYNE BAPTIST CHURCH INC

urrent F	rincipal Place of	Business:	New Prince	ipal Place of Bu	ısiness:
	MIAMI TRAIL PORT, FL 34287	US			
urrent N	Mailing Address:		New Maili	ng Address:	
.O. BOX ORTH P	7166 ORT, FL 34287	US		MIAMI TRAIL ORT, FL 34287	US
		El Number Applied For()  FE (b), F.S., the corporation did not rec	I Number Not App		ertificate of Status Desired()
ame and	d Address of Curi	ent Registered Agent:	Name and	Address of Nev	v Registered Agent:
27 NOKO	ROBERT L DMIS AVE FL 34285 US				
		mits this statement for the purpo	se of changing i	its registered offic	e or registered agent, or b
the Stat	e of Florida.	mits this statement for the purpo	se of changing i	its registered offic	e or registered agent, or b
the Stat	e of Florida. RE:	mits this statement for the purpo	ose of changing i	its registered offic	e or registered agent, or b  Date
the Stat	e of Florida. RE:	Signature of Registered Agent			
the Stat	e of Florida.  RE: Electronic \$	Signature of Registered Agent  RS:  ete N		IS/CHANGES TO	Date
the Stat  IGNATU  FFICER  tle: ame: ddress:	e of Florida.  RE: Electronic S  S AND DIRECTO  S () Del WALTERS, SHARC 3245 GATUN ST	Bignature of Registered Agent  RS: ete N  34287 ete	ADDITION Title: Name: Address:	NS/CHANGES TO	Date  O OFFICERS AND DIREC
the Stat IGNATU  FFICER  tle: ame: ddress: ty-St-Zip: tle: ame: ddress:	e of Florida.  RE:  Electronic S  S AND DIRECTO  S () Dei WALTERS, SHARC 3245 GATUN ST NORTH PORT, FL  VD () Dei LEEP, ROGER 3323 LAKEVIEW LA	Bignature of Registered Agent  RS: ete N  34287 ete ANE 34287 ete	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	IS/CHANGES TO	Date  O OFFICERS AND DIREC  nange ( ) Addition

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: JOHN CROSS DR. 07/12/2007