

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90029 002 ****61.25

DOCUMENT # 732952

1. Entity Name
**SHEPHERD ROAD BAPTIST CHURCH OF MULBERRY,
INC.**



Principal Place of Business
**3820 SHEPHERD ROAD
MULBERRY, FL 33860**

Mailing Address
**PO BOX 1054
MULBERRY, FL 33860**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062008 Chg-NP CR2E037 (12/06)

4. FEI Number
05-0113800

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

**COLLINS, GARY-
123 ELM COURT
LAKELAND, FL 33813**

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

Gary C. Collins

(NOTE: Registered Agent signature required when reissuing)

2-6-08

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

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 **D** ☐ Delete
NAME **VEREEN, FRANK**
STREET ADDRESS **4818 HORTON RD**
CITY-ST-ZIP **PLANT CTY, FL 33567**

TITLE **D** ☐ Change ☐ Addition
NAME **Harrison Smith**
STREET ADDRESS **7345 Coronet Rd**
CITY-ST-ZIP **Mulberry FL 33860**

TITLE **D** ☒ Delete
NAME **TURNER, JOHN**
STREET ADDRESS **2340 MAGNOLIA AVE**
CITY-ST-ZIP **LAKELAND, FL 33813**

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

TITLE **D** ☐ Delete
NAME **COLLINS, GARY**
STREET ADDRESS **123 ELM COURT**
CITY-ST-ZIP **LAKELAND, FL 33813**

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

TITLE **D** ☐ Delete
NAME **DEVINE, NEIL**
STREET ADDRESS **5121 LAZY CREEK COURT**
CITY-ST-ZIP **LAKELAND, FL 33811**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Franklin Vereen (FRANKLIN VEREEN)

11-JAN-2008

813-737-1075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #