

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90020 009 \*\*\*\*61.25

**DOCUMENT #.733065**

1. Entity Name  
**ENTERPRISE MISSIONARY BAPTIST CHURCH OF DADE  
CITY, FLORIDA, INC.**



Principal Place of Business  
**11631 OLD LAKELAND RD  
DADE CITY, FL 33525 0**

Mailing Address  
**P.O. BOX 365  
DADE CITY, FL 33525 0**

**40003293**



01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2187627</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**SPERRY, HARVEY D  
7371 N. CANAL ST  
RIDGE MANOR, FL 33547**

**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 \_\_\_\_\_

\_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIS, HENRY H. 13125 10TH STREET DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LETHCO, ALVIN E 37306 VISTA DRIVE DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ECHEVERRIA, LAZARO 39540 COIT ROAD LACOOCHEE, FL 33537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

**HARVEY D. SPERRY** *Harvey D. Sperry*

**1-13-05 352 583 2803**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #