

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90256 011 \*\*\*\*70.00

**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**

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

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

01042007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-2187627**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **HARVEY HARRY D. SPERRY**

Street Address (P.O. Box Number is Not Acceptable)  
**7371 N. CANAL ST.**

City **RIDGE MANOR**

**FL**

Zip Code  
**33597-9704**

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

*Harvey Harry D. Sperry* / **HARVEY HARRY D. SPERRY** / **JAN 4, 2007**

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, 2007**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DT  
LETHCO, ALVIN E  
37306 VISTA DRIVE  
DADE CITY, FL 33523** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
ECHEVERRIA, LAZARO  
39540 COIT ROAD  
LACOCHEE, FL 33537** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
SPERRY, HARVEY D  
7371 N. CANAL ST  
RIDGE MANOR, FL 33597** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**GOODMAN, EWELL  
35039 CYNTHIA AVE  
ZEPHYRHILLS, FL, 33541** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SPERRY, HARVEY HARRY D.  
7371 N. CANAL ST  
RIDGE MANOR, FL 33597** ☒ Change ☐ Addition

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

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

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

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:** *Harvey Harry D. Sperry* / **HARVEY HARRY D. SPERRY** / **01/04/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**352-583-2803  
352-650-8323**