


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007 08:00 AM
Secretary of State

DOCUMENT # 737579		
1. Entity Name BIBLE BAPTIST CHURCH OF SHADY HILLS, INC.		
Principal Place of Business 15901 LITTLE RANCH ROAD P O BOX 11061 SPRING HILL, FL 34610	Mailing Address P.O. BOX 11061 SPRING HILL, FL 34610	



07112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1700657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURGGRAFF, ANDREW
 10432 CLARION ST.
 SPRING HILL, FL 34608

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

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, ROBLEY N
STREET ADDRESS	4590 CRESCENT
CITY-ST-ZIP	SPRING HILL, FL
TITLE	D
NAME	HARDEMON, LESTER
STREET ADDRESS	16926 AKINS DR
CITY-ST-ZIP	SPRING HILL, FL
TITLE	T
NAME	MORRISON, CLARINDA
STREET ADDRESS	17926 NICKS DR.
CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

08/03/07-80002-001 61.25

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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: Clarinda Morrison Clarinda Morrison Treasurer 07-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #