2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 741583

1. Entity Name

SHARON PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
CORNER HINSON AVE & 28TH ST HAINES CITY FL 33844 US	685 DYSON RD HAINES CITY FL 33844 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2872267 ☐ Applied For ☐ Not Applic.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, GRACE E.
2 SOUTH 20TH STREET
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

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 ac 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)

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S KEEN, EARLENE 685 DYSON ROAD HAINES CITY FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A U00000420272 02/15/06-80047-008 61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBERTS, GRACE E. 2 SOUTH 20TH STREET HAINES CITY FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOWEN, JOHN 3001 CENTRAL AVE. ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD BEASLEY, BRUCE 825 3RD STREET, LAKE IDA WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD BEASLEY, BOYD 825 3RD STREET, LAKE IDA WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD BEASLEY, BRAIN 3309 QUEENS COVE LOOP WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatio 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 direc 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 if changed, or on an attachment with an address with all other like empowered.