

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90191 036 \*\*\*\*61.25

**DOCUMENT # 741583**



1. Entity Name  
**SHARON PRIMITIVE BAPTIST CHURCH, INC.**

Principal Place of Business  
**CORNER HINSON AVE & 28TH ST  
HAINES CITY, FL 33844 US**

Mailing Address  
**685 DYSON RD  
HAINES CITY, FL 33844 US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2872267**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

*DECEASED 2/12/06*

Name **EARLENE R. KEEN**

Street Address (P.O. Box Number is Not Acceptable)

**685 DYSON ROAD  
HAINES CITY, FL 33844**

City

FL

Zip Code  
**33844**

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

*Earlene R. Keen* **EARLENE R. KEEN**

*1-8-2007*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete  
NAME **KEEN, EARLENE**  
STREET ADDRESS **685 DYSON ROAD**  
CITY-ST-ZIP **HAINES CITY, FL 33844**

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

TITLE **T** ☒ Delete  
NAME **ROBERTS, GRACE E.**  
STREET ADDRESS **2 SOUTH 20TH STREET**  
CITY-ST-ZIP **HAINES CITY, FL 33844** *DECEASED*

TITLE **EARLENE R. KEEN - T** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **685 DYSON ROAD**  
CITY-ST-ZIP **HAINES CITY, FL 33844**

TITLE **PD** ☒ Delete  
NAME **BOWEN, JOHN**  
STREET ADDRESS **3001 CENTRAL AVE.**  
CITY-ST-ZIP **ORLANDO, FL** *DECEASED 1/2006*

TITLE **VICTOR DENMARK DD** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **1922 SWE ET.**  
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **DD** ☐ Delete  
NAME **BEASLEY, BRUCE**  
STREET ADDRESS **825 3RD STREET, LAKE IDA**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

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

TITLE **DD** ☐ Delete  
NAME **BEASLEY, BOYD**  
STREET ADDRESS **825 3RD STREET, LAKE IDA**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

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

TITLE **DD** ☐ Delete  
NAME **BEASLEY, BRAIN**  
STREET ADDRESS **3309 QUEENS COVE LOOP**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

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: *Earlene R. Keen* **EARLENE R. KEEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-8-07* **863-422-8077**