

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741583

FILED  
Jan 05, 2009  
Secretary of State

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

**Current Principal Place of Business:**

CORNER HINSON AVE & 28TH ST  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

685 DYSON RD  
HAINES CITY, FL 33844 US

**New Mailing Address:**

**FEI Number:** 59-2872267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEEN, EARLENE R  
685 DYSON ROAD  
HAINES CITY, FL 33844 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: KEEN, EARLENE,  
Address: 685 DYSON ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: PD ( ) Delete  
Name: DENMARK, VICTOR  
Address: 1922 SUE CT  
City-St-Zip: WINTER HAVEN, FL 33881

Title: DD ( ) Delete  
Name: BEASLEY, BRUCE,  
Address: 825 3RD STREET, LAKE IDA  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DD ( ) Delete  
Name: BEASLEY, BOYD,  
Address: 825 3RD STREET, LAKE IDA  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DD ( ) Delete  
Name: BEASLEY, BRAIN  
Address: 3309 QUEENS COVE LOOP  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARLENE R. KEEN

ST

01/05/2009

Electronic Signature of Signing Officer or Director

Date