


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90178 021 ****61.25

DOCUMENT # 742876 1. Entity Name STATE HIGHWAY BAPTIST CHURCH, INC.					
Principal Place of Business 5502 BAPTIST CHURCH RD. TAMPA, FL 33610			Mailing Address 5502 BAPTIST CHURCH RD. TAMPA, FL 33610		
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 50-0514223	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAMRON, JOHN 902 STRAWBERRY LANE BRANDON, FL 33511				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 accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D HUNTER, CHARLES 9508 SIX MILE CREEK RD TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID STEFFEN 4725 PRESIDENTIAL STREET SEFFNER, FL 33584	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, FRED 11028 CIRCLE 'S' RD SEFFNER, FL 33584		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKY WELLER 1319 PEACHFIELD DRIVE VALRICO, FL 33594	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RITCH, DELORES 6027 WILLIAMS RD SEFFNER, FL 33584		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARREN, ALAN 6707 STAFFORD RD PLANT CITY, FL 33565		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO DAMRON, JOHN 902 STRAWBERRY LANE BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, HUGH 2109 RAMBLEWOOD CT. BRANDON, FL 33510		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Alan R. Warren / ALAN R. WARREN</u> 5-10-05 (813) 986-1040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					