


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 749224 1. Entity Name ARIPEKA BAPTIST CHURCH, INC.	
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Principal Place of Business 18731 ARIPEKA RD. P.O. BOX 38 ARIPEKA, FL 34679	Mailing Address 18731 ARIPEKA RD. P.O. BOX 38 ARIPEKA, FL 34679
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DO NOT WRITE IN THIS SPACE



02042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1943445	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

SLOAN, VERNA
18945 JEBERT
ARIPEKA, FL 34679

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IN THIS SPACE**

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 *Verna Mae Sloan* Feb. 6, 2008
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADER, MARK 13402 LAWRENCE STREET SPRINGHILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, JOHN 14296 PULLMAN DR SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEIGER, LOUISE 18740 ROSEMARY RD ARIPEKA, FL 34679
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, CAROL 18930 ARIPEKA RD. ARIPEKA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITT, NORMAN 2499 DELTONA BLVD SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000822915
02/20/08-80018-013 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: *Carol White* CAROL White 2/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #