

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90057 020 ****61.25

DOCUMENT # 751321

1. Entity Name

SUMATRA BAPTIST CHURCH, INC.



Principal Place of Business

SUMATRA BAPTIST CHURCH
HWY 65
SUMATRA FL 32325

Mailing Address

SUMATRA BAPTIST CHURCH
RR-1 BOX 558A
BRISTOL FL 32321

2. Principal Place of Business

SUMATRA BAPTIST CHURCH
Suite, Apt. #, etc.
46704 SW-SP 65
City & State
BRISTOL FL

3. Mailing Address

40903 SW 7th Ave
Suite, Apt. #, etc.
BRISTOL FL
City & State



MOORE

CR2E037 (11/03)

Zip
32321

Country

Zip
32321

Country

4. FEI Number

59-2318566

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOKSEY-BOWEN, L.
HWY 65
SUMATRA FL 32321

7. Name and Address of New Registered Agent

Name
SULLIVAN-SAMUEL
Street Address (P.O. Box Number is Not Acceptable)
91-FNANOLA ST
SAPCHOPPY-FL
City
FL
Zip Code
32358

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.

X
SIGNATURE *Rev. Samuel Sullivan*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	COOKSEY, ALICE	
STREET ADDRESS	RT #1- BOX 243-C-4	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LARKINS, LENORA	
STREET ADDRESS	RT. 1, BOX 208 N/A	
CITY-ST-ZIP	BRISTOL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SADLER, MONICA	
STREET ADDRESS	RTE 1-BOX 558A	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	AT	<input type="checkbox"/> Delete
NAME	TUCKER, DIANE	
STREET ADDRESS	530 AVE. A-PO BOX 424	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHYLLIS SULLIVAN	
STREET ADDRESS	91-FNANOLA ST	
CITY-ST-ZIP	SAPCHOPPY-FL	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHYLLIS SULLIVAN	
STREET ADDRESS	91-FNANOLA ST	
CITY-ST-ZIP	SAPCHOPPY-FL	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONICA SADLER	
STREET ADDRESS	40903 SW 7th AVE	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKIE LEWIS	
STREET ADDRESS	530 AVE. A-BOX 424	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKIE LEWIS	
STREET ADDRESS	530 AVE. A-BOX 424	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Monica Sadler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-2004-950-620-8109
Date Daytime Phone #