

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 751321

1. Entity Name
SUMATRA BAPTIST CHURCH, INC.



Principal Place of Business
**SUMATRA BAPTIST CHURCH
46704 S.W. ST. RD 65
BRISTOL, FL 32321**

Mailing Address
**46704 SW SR 65
BRISTOL, FL 32321**



02142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**SULLIVAN, SAMUEL
91-FRANOLA ST.
SOPCHOPPY, FL 32358**

**DO NOT WRITE
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

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. ☐

**\$5.00 May Be
Added to Fees**

U000000831633
02/27/08-80026-007 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SULLIVAN, PHYLLIS
91-FRANOLA ST.
SOPCHOPPY, FL 32358**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SULLIVAN, PHYLLIS
91-FRANOLA ST.
SOPCHOPPY, FL 32358**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
WIMBERLY, MARIE
44914 SW COUNTY RD #379
BRISTOL, FL 32321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
BARNES, VERNON
39864 SW FOREST RD
BRISTOL, FL 32321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Sam Sullivan **Sam Sullivan** 2/16/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

850-962-4695

Daytime Phone #