

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

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 760783

1. Entity Name
MYAKKA CITY BAPTIST CHURCH, INC.



Principal Place of Business
**36951 MANATEE AVE.
P.O. BOX 207
MYAKKA CITY, FL 34251-0207 US**

Mailing Address
**135D
P.O. BOX 207
MYAKKA CITY, FL 34251-0207 US**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1548382

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRICE, DALE L.
2400 MANATEE AVE. W.
BRADENTON, FL 33505**

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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

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**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BEASLEY, BERNICE
STREET ADDRESS	14955 SUGAR BOWL
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	VD
NAME	MAGEE, WAYNE
STREET ADDRESS	6707 253RD STREET E.
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	PD
NAME	MADDOX, BOBBY
STREET ADDRESS	10540 LEBANON ST
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	SD
NAME	BEASLEY, BERNICE
STREET ADDRESS	14955 SUGAR BOWL RD
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000937993
05/27/08-80073-002 61.25

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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: Bernice K. Beasley, BERNICE K. BEASLEY 4/28/08 941-322-1055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #