

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90113 031 ****61.25

DOCUMENT # N00000007355

1. Entity Name
SAND HILLS BAPTIST CHURCH, INCORPORATED



Principal Place of Business
**6758 HIGHWAY 77
CHIPLEY, FL 32428**

Mailing Address
**6758 HIGHWAY 77
CHIPLEY, FL 32428**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3681494

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YOKLEY, WILEY GERALD
6692 HIGHWAY 77
CHIPLEY, FL 32428**

7. Name and Address of New Registered Agent

Name **Gene Schomer**

Street Address (P.O. Box Number is Not Acceptable)

14612 Old Spikes Rd.

City **Southport**

FL

Zip Code **32409**

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

Eugene F. Schomer
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-2006

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **T** ☒ Delete
NAME **YOKLEY, WILEY G**
STREET ADDRESS **6692 HIGHWAY 77**
CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE **T** ☐ Delete
NAME **GRANGER, THOMAS G**
STREET ADDRESS **15412 GRANGER PLANTATION RD**
CITY-ST-ZIP **SOUTHPORT, FL 32409**

TITLE **T** ☐ Delete
NAME **CHURCHWELL, JANET**
STREET ADDRESS **4152 LEISURE LAKES DR**
CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE **CT** ☒ Delete
NAME **CLEMENS, JOY**
STREET ADDRESS **13807 FIDDLERS GREEN ROUND**
CITY-ST-ZIP **SOUTHPORT, FL 32409**

TITLE **T** ☒ Delete
NAME **PEEL, CORBIN C**
STREET ADDRESS **4414 CRYSTAL LAKES DRIVE**
CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition
NAME **Gene Schomer**
STREET ADDRESS **14612 Old Spikes Rd.**
CITY-ST-ZIP **Southport FL 32409**

TITLE **CT** ☐ Change ☒ Addition
NAME **Marti L. Pippin**
STREET ADDRESS **13220 Big Island Pond Road**
CITY-ST-ZIP **Southport, FL 32409**

TITLE **T** ☐ Change ☒ Addition
NAME **Mitchell Parik**
STREET ADDRESS **1908 Kingslee Drive**
CITY-ST-ZIP **Southport FL 32409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Janet Churchwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/06 850-735704