2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000003601

1. Entity Name
SOUTH BAY COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
10817 DIXON DR RIVERVIEW, FL 33569 US	10817 DIXON DR RIVERVIEW, FL 33569 US

04112008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3720777

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPEARS, DEBORAH
6230 KINGBIRD MANOR DR
LITHIA, FL 33547

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

05/01/08-80010-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILSON, TIMOTHY J
STREET ADDRESS	8234 RANCHERIA DR
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	T
NAME	AKINS, ROBERT M
STREET ADDRESS	412 DICKMAN DRIVE SW
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	D
NAME	HUGHES, JOSHUA
STREET ADDRESS	506 GOLF & SEA BLVD.
CITY-ST-ZIP	APOLLO, FL 33572
TITLE	D
NAME	LEU, SCOTT
STREET ADDRESS	116 FIELD LN
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	D
NAME	HUGHES, H. WINGFIELD
STREET ADDRESS	6235 WILD ORCHID DRIVE
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-12-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #