

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

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90025 038 ****61.25

DOCUMENT # N01000007643

1. Entity Name

**SUNSHINE STATE FELLOWSHIP OF REGULAR BAPTIST
CHURCHES, INC.**



Principal Place of Business

**FAITH BAPTIST CHURCH
2140 CRYSTAL BEACH ROAD
WINTER HAVEN FL 33880**

Mailing Address

**FAITH BAPTIST CHURCH
2140 CRYSTAL BEACH ROAD
WINTER HAVEN FL 33880**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1093335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABLES, CLIFFORD M III
551 SOUTH COMMERCE AVENUE
SEBRIGN FL 33870**

Name

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

City

FL

Zip Code

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

**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 **D** ☐ Delete
NAME **SANDERS, DON**
STREET ADDRESS **1723 N.E. 6TH STREET**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **D** ☒ Delete
NAME **KRAFT, KEN**
STREET ADDRESS **5055 CAMP SPARTA ROAD**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **D** ☒ Delete
NAME **HAMILTON, DAVE**
STREET ADDRESS **POST OFFICE BOX 640032**
CITY-ST-ZIP **BEVERLY HILLS FL 34464**

TITLE **CD** ☐ Delete
NAME **HINDAL, CHRIS**
STREET ADDRESS **8625 CHARTER CLUB CR #6**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☐ Delete
NAME **OSBORNE, NATE**
STREET ADDRESS **2140 CRYSTAL BEACH ROAD**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **D** ☒ Delete
NAME **CONRAD, DAVID**
STREET ADDRESS **POST OFFICE BOX 1999**
CITY-ST-ZIP **AVON PARK FL 33826**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Change ☒ Addition
NAME **J.O. PURCH**
STREET ADDRESS **7831 S.E. 173 PANAROMA PL,**
CITY-ST-ZIP **THE VILLAGES FL, 32162**

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

TITLE ☐ Change ☐ Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 18, 2004 (863) 293-0689

Date

Daytime Phone #