

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90062 005 ****61.25

DOCUMENT # N05000006664

1. Entity Name
SANDY BAPTIST CHURCH, INC.



Principal Place of Business
**41600 CLAY GULLY ROAD
MYAKKA CITY, FL 34251**

Mailing Address
**P.O. BOX 351
MYAKKA CITY, FL 34251**

40127546



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05062007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-3067041

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WILCOX, DAVID W
308 13TH ST. W.
BRADENTON, FL 34205**

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

**Filing Fee is \$61.25
Due by September 14, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,P
ALBRITTON, LARRY
41600 CLAY GULLY ROAD
MYAKKA CITY, FL 34251** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO Bx 133 MYAKKA CITY FL 34251
(HOME: 10351 N. HAMILTON WAY, MYAKKA 34251)** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,S
RICHARDS, DANIEL
9702 284TH ST. E.
MYAKKA CITY, FL 34251** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D, S
HECHT, MARY ANNE CHANCEY
2592 JEFFERSON CIR
SARASOTA FL 34239** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,T
CROUCH, MARTHA
41600 CLAY GULLY ROAD
MYAKKA CITY, FL 34251** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO Bx 264, ARCADIA FL 34265
(HOME: 427 N. 15TH AVE ARCADIA FL 34266)** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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

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:

Mac Hecht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-07 941-724-4992

Date Daytime Phone #