

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009301

FILED
Jan 08, 2009
Secretary of State

Entity Name: SONLIFE BAPTIST CHURCH, INC.

Current Principal Place of Business:

4020-E-LUMSDEN RD.
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

4020-E-LUMSDEN RD.
VALRICO, FL 33594

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KICKLIGHTER, TALMADGE
3827 TWILIGHT DT.
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOYETTE, TOM
Address: 101 SHAREWOOD DR.
City-St-Zip: VALRICO, FL 33594

Title: VD () Delete
Name: PORTER, KAREN
Address: 2809 DRUMWOOD PL
City-St-Zip: VALRICO, FL 33594

Title: SD () Delete
Name: THOMAS, DEBBY
Address: 1139 LUMSDEN TRACE CIR.
City-St-Zip: VALRICO, FL 33594

Title: TD () Delete
Name: BOYETTE, GERALDEAN
Address: 101 SHAREWOOD DR.
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: WALDROP, DENNIS
Address: P. O. BOX 5
City-St-Zip: BALM, FL 33503

Title: D () Delete
Name: HOWARD, DAVID
Address: 4235 AMBER RIDGE DR.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TALMADGE KICKLIGHTER

RA

01/08/2009

Electronic Signature of Signing Officer or Director

Date