## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 25, 2008 08:00 AN Secretary of State DOCUMENT # N30900 1. Entity Name SHERBROOKE BAPTIST CHURCH, INC. Principal Place of Business Mailing Address C/O SHER BROOKE BAPTISIT CHURCH 8657 LANTANA ROAD 8657 LANTANA ROAD LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State 4. FEI Number City & State Applied For 65-0134617 Not Applicable Zip 、 Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, JEROME S Street Address (P.O. Box Number is Not Acceptable) 5790 FOUNTAINS DRIVE SOUTH LAKE WORTH FL 33467 City 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 fille if amplicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE ☐ Change Addition BEGOR, WILLIAM NAME NAME U00000838978 STREET ADDRESS 5397 SANDHURST CIRCLE N STREET ADDRESS 03/05/08-80052-016 70.00 CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP TD TITLE Defete TITLE ☐ Change ☐ Addition WRIGHT, JEROME S NAME NAME 5790 FOUNTAINS DRIVE STH. STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIE D۷ TITLE Detete TITLE ☐ Change Addition SCHENCK, KEN NAME STREET ADDRESS 357 KISMET AVE STREET ADDRESS PAHOKEE FL 33476 CITY-ST-ZIP CITY+ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TillE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

\*\*SUBJECT:\*\*

\*\*August\*\*

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