SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $376)

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 JUN 16 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47466** **(0)**

1. Corporation Name
SPARTA ROAD BAPTIST CHURCH OF SEBRING, INC.

Mailing Address	Principal Place of Business
202 10 AVE	202 10 AVE
SEBRING FL 33972	SEBRING FL 33972

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address	2a. Principal Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 02/20/1992
3a. Date of Last Report: 04/28/1993
4. FEI Number: [redacted] ☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ABLES, CLIFFORD M., III
457 S COMMERCE AVE.
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/s)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS
11 TITLE	T/D	11 TITLE
12 NAME	WAGONER, HARVEY	12 NAME
13 STREET ADDRESS	202 10 AVE	13 STREET ADDRESS
14 CITY-ST-ZIP	SEBRING FL	14 CITY-ST-ZIP
21 TITLE	T/D	21 TITLE
22 NAME	BEAVERS JAMES	22 NAME
23 STREET ADDRESS	4012 LEWIS AVE.	23 STREET ADDRESS
24 CITY-ST-ZIP	SEBRING FL	24 CITY-ST-ZIP
31 TITLE	T/D	31 TITLE
32 NAME	ALLISON, LAURENCE P.,SR.	32 NAME
33 STREET ADDRESS	302 LAKE SEBRING DR	33 STREET ADDRESS
34 CITY-ST-ZIP	SEBRING FL	34 CITY-ST-ZIP
41 TITLE		41 TITLE
42 NAME		42 NAME
43 STREET ADDRESS		43 STREET ADDRESS
44 CITY-ST-ZIP		44 CITY-ST-ZIP
51 TITLE		51 TITLE
52 NAME		52 NAME
53 STREET ADDRESS		53 STREET ADDRESS
54 CITY-ST-ZIP		54 CITY-ST-ZIP
61 TITLE		61 TITLE
62 NAME		62 NAME
63 STREET ADDRESS		63 STREET ADDRESS
64 CITY-ST-ZIP		64 CITY-ST-ZIP

JM

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harvey L Wagoner HARVEY L. WAGONER 6-13-94 813 385 3957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #