FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47466 (0)

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

Principal Place of Business	Mailing Address
~~202 10 AVE~~	~~202 10 AVE~~
~~SEBRING FL 33870~~	~~SEBRING FL 33870~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4400 Sparta Rd	26 4400 Sparta Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SEBRING FL	City & State 28 SEBRING FL
Zip 24 33872 Country 25	Zip 29 33872 Country 30

5. Certificate of Status Desired ☒ — $0.75 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 ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ABLES, CLIFFORD M., III 457 S COMMERCE AVE. SEBRING FL 33870	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~TD~~	1.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	~~WAGONER, HARVEY~~	1.2 NAME	DONNA R CARLSON	
STREET ADDRESS	~~202 10 AVE~~	1.3 STREET ADDRESS	3531 HWY 27 SO	
CITY-ST-ZIP	~~SEBRING FL~~	1.4 CITY-ST-ZIP	SEBRING FL	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	BEAVERS, JAMES	2.2 NAME		
STREET ADDRESS	4012 LEWIS AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	ALLISON, LAURENCE P.,SR.	3.2 NAME		
STREET ADDRESS	302 LAKE SEBRING DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna R Carlson DONNA R CARLSON TREASURER 4/19/95 813 382-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041169