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NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

/N\

FILED May 11 1998 8:00am Secretary of State

SPARTA ROAD BAPTIST CHURCH OF SEBRING, INC. Principal Place of Business Mailing Address										
4400 SPARTA ROAD SEBRING FL 33872 US			4400 SPARTA ROAD SEBRING FL 33872 US				3. Date Incorporated or Qualified 02/20/1992 4. FEI Number Applied For			
							NOT APPLICABLE	No	t Applicable	
2. Principal Place of Business			2a. Mailing Address			_	6. Certificate of Status Desired	\$8.75 A		
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	•	
City & State			City & State				7. Is this nonprofit corporation a homeowners association?			
Zip					Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
ABLES, CLIFFORD M., W						Name Street	t Address (P.O. Box Number is Not Acceptable)			
457 S COMMERCE AVE. SEBRING FL 33870					83					
					84	City	FL	85 Zip C	Code	
11. Pursuant office or ragent. I a	to the provisi registered ag am familiar wil	ons of Sections 617.05 ent, or both, in the Sta h, and accept the obli	502 and 617.1508, Fic te of Florida. Such ch igations of, Section 61	orida Statutes, ange was auth 17.0503, Florid	the above orized by a Statutes	e-named the corp s.	corporation submits this statement for the purpose operation's board of directors. I hereby accept the appropriate the control of the control	of changing its pointment as	registered registered	
SIGNATURE										
						red Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
HICE	CARLOGUE POLICE 1.1				1.1 TITLE	C. Claige L. Additor				

1.2 NAME Carlson, Donna R. 3531 HWY 27 SOUTH 1.3 STREET ADDRESS STREET ADDRESS SEBRING FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Addition TITLE 2.1 TITLE Change NAME BEAVERS, JAMES 2.2 NAME STREET ADDRESS 4012 LEWIS AVE. 2.3 STREET ADDRESS SEBRING FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE CRAWLEY, CLINTON 3.2 NAME NAME 7126 SPARTA ROAD STREET ADDRESS 3.3 STREET ADDRESS SEBRING FL 33872 CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE ☐ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. I hereby certify that the information supplied with this filling 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:

1. A CAR LSON

94/382-444

SIGNATURE: