


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90050 047 ****61.25

DOCUMENT # N47466 1. Entity Name SPARTA ROAD BAPTIST CHURCH OF SEBRING, INC.	
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Principal Place of Business 4400 SPARTA ROAD SEBRING, FL 33872 US	Mailing Address 4400 SPARTA ROAD SEBRING, FL 33872 US
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DO NOT WRITE IN THIS SPACE



04042004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ABLES, CLIFFORD M., III 457 S COMMERCE AVE. SEBRING, FL 33870	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARLSON, DONNA R. 3531 HWY 27 SOUTH SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CRAWLEY, CLINTON 7126 SPARTA ROAD SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOBBS, JAMES M 227 SPARROW AVE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARLSON, WILLIAM E 4418 SELAN RD. SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Donna R. Carlson Donna R. Carlson Treas 4-10-04 863-382-4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #