

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N50404 (5)**

1. Corporation Name

SUGARLOAF BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**CRANE BOULEVARD
CRANE BLVD
SUGARLOAF KEY FL 33042
US****CRANE BOULEVARD
P.O. BOX 420826
SUMMERLAND KEY FL 33042-0826
US**3. Date Incorporated or Qualified
08/12/19923a. Date of Last Report
06/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINLEY, KAY
19551 INDIAN MOUND DRIVE
SUGARLOAF BAPTIST CHURCH
SUMMERLAND KEY FL 33042**

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 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☒ DELETE
NAME	BEASLEY, MARK	
STREET ADDRESS	CRANE BLVD.	
CITY-ST-ZIP	SUGARLOAF KEY FL	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	☐ DELETE
NAME	ROGERS, LENIS D	
STREET ADDRESS	HUDGINS RD	
CITY-ST-ZIP	SUMMERLAND KEY FL	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	☒ DELETE
NAME	BELL, MARGARET M.	
STREET ADDRESS	10 SNAPPER LANE	
CITY-ST-ZIP	SUGARLOAF KEY FL	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	☐ DELETE
NAME	FINLEY, KAY	
STREET ADDRESS	INDIAN MOUND DR	
CITY-ST-ZIP	SUGARLOAF KEY FL	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	D
5.3 STREET ADDRESS	LEWIS, JAMES
5.4 CITY-ST-ZIP	17244 KINGFISH LANE

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *Lenis D. Rogers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LENIS D. ROGERSDate **1/8/97** 305-745-2661
Daytime Phone # **0024705**

CR2E037 (9/96)