

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N50404

FILED  
Sep 27, 2005  
Secretary of State

**Entity Name:** SUGARLOAF BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

CRANE BOULEVARD  
CRANE BLVD  
SUGARLOAF KEY, FL 33042 US

**New Principal Place of Business:**

**Current Mailing Address:**

CRANE BOULEVARD  
P.O. BOX 420826  
SUMMERLAND KEY, FL 330420826 US

**New Mailing Address:**

**FEI Number:** 65-0395363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LEWIS, JAMES  
176 SUGARLOAF DRIVE  
SUGARLOAF BAPTIST CHURCH  
SUGARLOAF KEY, FL 33042 US

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.

SIGNATURE: JAMES LEWIS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEWIS, JAMES  
Address: 176 SUGARLOAF DRIVE  
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: ROGERS, LENIS D  
Address: HUDGINS RD  
City-St-Zip: SUMMERLAND KEY, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: RODGERS, BARBARA  
Address: 245 BLACKBEARD ROAD  
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: MULLIKIN, JAMES  
Address: 22949 GASPARILLA LANE  
City-St-Zip: CUDJOE KEY, FL 33042

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES LEWIS

D

09/27/2005

Electronic Signature of Signing Officer or Director

Date