2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# N50404

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LEWIS, JAMES	
Address:	176 SUGARLOAF DRIVE	
City-St-Zip:	SUGARLOAF KEY, FL 33042	
Title:	D	( ) Delete
Name:	ROGERS, LENIS D	
Address:	HUDGINS RD	
City-St-Zip:	SUMMERLAND KEY, FL	
Title:	D	( ) Delete
Name:	RODGERS, BARBARA	
Address:	245 BLACKBEARD ROAD	
City-St-Zip:	SUMMERLAND KEY, FL 33042	
Title:	D	( ) Delete
Name:	MULLIKIN, JAMES	
Address:	22949 GASPARILLA LANE	
City-St-Zip:	CUDJOE KEY, FL 33042	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Chapter 119, 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 RA 01/08/2007

Electronic Signature of Signing Officer or Director — Date