

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-03-2003 90048 046 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N50404

1. Entity Name
SUGARLOAF BAPTIST CHURCH, INC.



JUL1001

Principal Place of Business
**CRANE BOULEVARD
 CRANE BLVD
 SUGARLOAF KEY FL 33042
 US**

Mailing Address
**CRANE BOULEVARD
 P.O. BOX 420826
 SUMMERLAND KEY FL 33042-0826
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number **65-0395363** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**LEWIS, JAMES
 17244 KINGFISH LANE EAST
 SUGARLOAF BAPTIST CHURCH
 SUGARLOAF KEY FL 33042**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 *[Signature]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, JAMES	
STREET ADDRESS	17244 KINGFISH LANE	
CITY-ST-ZIP	SUGARLOAF KEY FL 33042	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, LENIS D	
STREET ADDRESS	HUDGINS RD	
CITY-ST-ZIP	SUMMERLAND KEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODGERS, BARBARA	
STREET ADDRESS	245 BLACKBEARD ROAD	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLIKIN, JAMES	
STREET ADDRESS	22949 GASPARILLA LANE	
CITY-ST-ZIP	CUDJOE KEY FL 33042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED** *[Signature]* **905 745-3000**

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

CR2037 (10/02)