

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000004079

1. Entity Name
SARDIS BAPTIST CHURCH, INC.



Principal Place of Business
P.O. BOX 60
HWY 121
WORTHINGTON SPRINGS, FL 32697

Mailing Address
P.O. BOX 60
HWY 121
WORTHINGTON SPRINGS, FL 32697



02192006 No Chg NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3179169

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELIRSOL, ALFRED
11286 WEST CO RD 78
PO BOX 32 HWY 121
WORTHINGTON SPRINGS, FL 32697

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reissuing)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ELIXSON, ALFRED
STREET ADDRESS P.O. BOX 60/HWY 121 N/A
CITY-ST-ZIP WORTHINGTON SPRING, FL 32697

TITLE D
NAME PATRICK, JOHN
STREET ADDRESS P.O. BOX 60 HWY 121
CITY-ST-ZIP WORTHINGTON SPRING, FL

TITLE D
NAME ELLIS, DWAYNE
STREET ADDRESS P O BOX 60/HWY 121 N/A
CITY-ST-ZIP WORTHINGTON SPRINGS, FL 32697

TITLE D
NAME WHITEHEAD, CRISTI
STREET ADDRESS PO BOX 44 N/A
CITY-ST-ZIP WORTHINGTON SPRING, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000444939
03/07/06-80024-004 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-06 386-719-4570

Date

Daytime Phone #