


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90268 016 ****61.25

0040149

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000001925					
1. Corporation Name SONLIFE BAPTIST CHURCH OF VALRICO, INC.					
Principal Place of Business 4020 E LUMSDEN VALRICO FL 33594			Mailing Address 4020 E LUMSDEN VALRICO FL 33594		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/15/1994	
				4. FEI Number 59-3239678	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent THOMAS G ALLEY 4117 AMBER RIDGE LN VALRICO FL 33594				10. Name and Address of New Registered Agent 81 Name James E. Strickland 82 Street Address (P.O. Box Number is Not Acceptable) 3512 Shortcake Lane 83 B 84 City Valrico FL 85 Zip Code 33594			
---	--	--	--	---	--	--	--

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 *James E. Strickland* DATE **3-2-99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYETTE, TOM			1.2 NAME			
STREET ADDRESS	101 SHAREWOOD DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	VALRICO FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MECKS, BOBBIE			2.2 NAME			
STREET ADDRESS	3815 ROLLING CCIR			2.3 STREET ADDRESS			
CITY-ST-ZIP	VALRICO FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARTMAN SANDRA			3.2 NAME			
STREET ADDRESS	710 HYSSOP PLACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYETTE, GERALDINE			4.2 NAME			
STREET ADDRESS	101 SHAREWOOD DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	VALRIO FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *Geraldine Boyette*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99 8/3 689-5554
Date Daytime Phone #

CR2E037 (11/98)