

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90009 027 \*\*\*\*61.25

**DOCUMENT # N94000001925**

1. Entity Name

**SONLIFE BAPTIST CHURCH OF VALRICO, INC.**

Principal Place of Business

Mailing Address

**4020 E LUMSDEN  
 VALRICO FL 33594**

**4020 E LUMSDEN  
 VALRICO FL 33594**

**19678**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3239678**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRICKLAND, JAMES E  
 3512 SHORTCAKE LANE  
 VALRICO FL 33594**

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.

SIGNATURE

*James E Strickland*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-14-02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	BOYETTE, TOM	101 SHAREWOOD DR	VALRICO FL	<input checked="" type="checkbox"/>
VP	MEEKS, BOBBIE	3815 ROLLING COIR	VALRICO FL	<input checked="" type="checkbox"/>
D	HARTMAN SANDRA	710 HYSSOP PLACE	BRANDON FL	<input checked="" type="checkbox"/>
T	BOYETTE, GERALDINE	101 SHAREWOOD DR	VALRICO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
VP	Robert Thomas	1139 Lumsden Trace Circle	VALRICO, FL. 33594	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Betty Hall	512 N. Franklin Street	Plant City, FL. 33566	<input type="checkbox"/>	<input type="checkbox"/>
S	Katie Boyd	2713 Bent Tree Drive	VALRICO, FL. 33594	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Talmadge Kicklighter	3827 Twilight Drive	Valrico, FL. 33594	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	James Phippen	3671 North Young Road	Plant City, Florida 33565	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 OF REGISTERED AGENT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-14-02 813-689-5554**

Date

Daytime Phone #

CR2037(9/01)