

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001925

FILED
Feb 02, 2004
Secretary of State

Entity Name: SONLIFE BAPTIST CHURCH OF VALRICO, INC.

Current Principal Place of Business:

4020 E LUMSDEN
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

4020 E LUMSDEN
VALRICO, FL 33594

New Mailing Address:

FEI Number: 59-3239678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRICKLAND, JAMES E
3512 SHORTCAKE LANE
VALRICO, FL 33594

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: PD () Delete
Name: BOYETTE, TOM
Address: 101 SHAREWOOD DR
City-St-Zip: VALRICO, FL

Title: VP () Delete
Name: THOMAS, ROBERT
Address: 1139 LUMSDEN TRACE CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: HALL, BETTY
Address: 512 N. FRANKLIN STREET
City-St-Zip: PLANT CITY, FL 33566

Title: S () Delete
Name: BYRD, KATIE
Address: 2713 BENT TREE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: KICKLIGHTER, TALMADGE
Address: 3827 TWIGLIGHT DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: PIPPEN, JAMES
Address: 3671 NORTH YOUNG ROAD
City-St-Zip: PLANT CITY, FL 33565

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: THOMAS, DEBBY
Address: 1139 LUMSDEN TRACE CIRCLE
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BETTY L HALL

D

02/02/2004

Electronic Signature of Signing Officer or Director

Date