

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001925

FILED  
Jan 08, 2012  
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:**

KICKLIGHTER, TALMADGE  
3827 TWILIGHT DR  
VALRICO, FL 33594 US

**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  
Name: VISCONTE, RICHARD M JR.  
Address: 4225 AMBER RIDGE LANE  
City-St-Zip: VALRICO, FL 33594

Title: VP  
Name: PORTER, KAREN  
Address: 2609 DRUMWOOD PL  
City-St-Zip: VALRICO, FL 33594

Title: T  
Name: POTTER, JEAN  
Address: 3008 E. BLOOMINGDALE AVE.  
City-St-Zip: VALRICO, FL 33594

Title: S  
Name: THOMAS, DEBBY  
Address: 9787 TRANQUILITY LAKE CIRCLE APT. 110  
City-St-Zip: RIVERVIEW, FL 33578

Title: D  
Name: KICKLIGHTER, WINNIFRED  
Address: 3927 TWILIGHT DR  
City-St-Zip: VALRICO, FL 33594

Title: D  
Name: WALDROP, DENNIS  
Address: PO BOX 5  
City-St-Zip: BALM, FL 33503

I hereby 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 all other like empowered.

SIGNATURE: TALMADGE KICKLIGHTER

RA

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date