

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90280 039 \*\*\*\*61.25

**DOCUMENT # N94000001925**

1. Entity 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

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. 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 reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD BOYETTE, TOM**  
STREET ADDRESS **101 SHAREWOOD DR**  
CITY-ST-ZIP **VALRICO FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VP THOMAS, ROBERT**  
STREET ADDRESS **1139 LUMSDEN TRACE CIRCLE**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D HALL, BETTY**  
STREET ADDRESS **512 N. FRANKLIN STREET**  
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **S BYED, KATIE**  
STREET ADDRESS **2713 BENT TREE DRIVE**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☒ Change ☐ Addition  
NAME **Katie Byrd**  
STREET ADDRESS **2713 Bent Tree Drive**  
CITY-ST-ZIP **Valrico, FL 33594**

TITLE ☐ Delete  
NAME **D KICKLIGHTER, TALMADGE**  
STREET ADDRESS **3827 TWILIGHT DRIVE**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D PIPPEN, JAMES**  
STREET ADDRESS **3671 NORTH YOUNG ROAD**  
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** Tom Boyette **REQUIRED** 1-5-03 (813) 654-3527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)