

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 12, 2006 8:00 am
Secretary of State

03-21-2006 90011 041 ****70.00

DOCUMENT # N94000003535 1. Entity Name SUMTER BAPTIST ASSOCIATION, INC.					
Principal Place of Business 4060 CR 108 OXFORD FL 34484 US			Mailing Address PO BOX 690 SUMTERVILLE FL 33585 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3287509	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BAILEY, C W 3709 CR 214 OXFORD FL 34484				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u>C. W. Bailey</u> 3/6/6 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revisiting)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Delete
NAME	KING, MIKE		NAME	KING, RYAN J.	
STREET ADDRESS	5599 CR 318A		STREET ADDRESS	1082 CR 467	
CITY- ST- ZIP	BUSHNELL FL 33513		CITY- ST- ZIP	LAKE PANASOFFKEE FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Delete
NAME	KING, RYAN J.		NAME	ALONSO, RANDY	
STREET ADDRESS	1082 CR 467		STREET ADDRESS	1084 CR 464	
CITY- ST- ZIP	LAKE PANASOFFKEE FL		CITY- ST- ZIP	LAKE PANASOFFKEE FL 33538	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, MANN		NAME	THOMAS, RON	
STREET ADDRESS	PO BOX 218		STREET ADDRESS	125 W ANDERSON AVE	
CITY- ST- ZIP	OXFORD FL 34484		CITY- ST- ZIP	BUSHNELL FL 33513	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Delete
NAME	ALONSO, RANDY		NAME	THOMAS, RON	
STREET ADDRESS	1084 CR 464		STREET ADDRESS	125 W ANDERSON AVE	
CITY- ST- ZIP	LAKE PANASOFFKEE FL 33538		CITY- ST- ZIP	BUSHNELL FL 33513	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, MANN		NAME	THOMAS, RON	
STREET ADDRESS	PO BOX 218		STREET ADDRESS	125 W ANDERSON AVE	
CITY- ST- ZIP	OXFORD FL 34484		CITY- ST- ZIP	BUSHNELL FL 33513	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Delete
NAME	KING, MIKE		NAME	KING, RYAN J.	
STREET ADDRESS	5599 CR 318A		STREET ADDRESS	1082 CR 467	
CITY- ST- ZIP	BUSHNELL FL 33513		CITY- ST- ZIP	LAKE PANASOFFKEE FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Delete
NAME	KING, RYAN J.		NAME	ALONSO, RANDY	
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NAME	BAILEY, MANN		NAME	THOMAS, RON	
STREET ADDRESS	PO BOX 218		STREET ADDRESS	125 W ANDERSON AVE	
CITY- ST- ZIP	OXFORD FL 34484		CITY- ST- ZIP	BUSHNELL FL 33513	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Mann Bailey</u> 6/8/6 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					