

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jun 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000003535

1. Entity Name

SUMTER BAPTIST ASSOCIATION, INC.

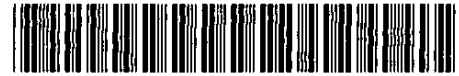


Principal Place of Business

4060 CR 108
OXFORD FL 34484
US

Mailing Address

PO BOX 690
SUMTERVILLE FL 33585
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3287509

Applicant For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

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

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
Due By May 1, 2007

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

TITLE ☐ Delete
NAME KING, MIKE
STREET ADDRESS 5599 CR 316A
CITY-STATE-ZIP BUSHNELL FL 33513

TITLE ☐ Delete
NAME KING, RYAN J.
STREET ADDRESS 1082 CR 467
CITY-STATE-ZIP LAKE PANASOFFKEE FL

TITLE ☐ Delete
NAME BAILEY, MANN
STREET ADDRESS PO BOX 218
CITY-STATE-ZIP OXFORD FL 34484

TITLE ☐ Delete
NAME ALONSO, RANDY
STREET ADDRESS 1084 CR 464
CITY-STATE-ZIP LAKE PANASOFFKEE FL 33538

TITLE ☐ Delete
NAME THOMAS, RON
STREET ADDRESS 125 W ANDERSON AVE
CITY-STATE-ZIP BUSHNELL FL 33513

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000765867
CITY-STATE-ZIP 06/05/07-80001-002 70.00

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

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

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

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:

Mann / S. King

4-24-07

357-748-2392