

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90018 006 ****70.00

DOCUMENT # N95000000754

1. Entity Name

SHOCKLEY SPRINGS BAPTIST CHURCH, INC.



Principal Place of Business

6935 OLD RIVER ROAD
BAKER FL 32531

Mailing Address

6935 OLD RIVER ROAD
BAKER FL 32531



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 (10/07)

4. FEI Number

59-3470948

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORLEY, VANUS L.
6935 OLD RIVER ROAD
BAKER FL 32531

7. Name and Address of New Registered Agent

Name

Street Address

City



Meda Trent
6360 Bill Lundy Rd
Laurel Hill FL 32567



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]

Meda Trent

7-7-08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature is required when reinstating.)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	VD	<input type="checkbox"/> Delete
NAME	WORLEY, VANUS	
STREET ADDRESS	6846 OLD RIVER ROAD	
CITY-STATE-ZIP	BAKER FL 32531	
TITLE	D	<input type="checkbox"/> Delete
NAME	WADSWORTH, CHARLES	
STREET ADDRESS	161 MARSHAL DR	
CITY-STATE-ZIP	HOLT FL 32564	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LANGSTON, DIANE	
STREET ADDRESS	6706 OLD RIVER RD.	
CITY-STATE-ZIP	BAKER FL 32531	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MATHIS, ANITA	
STREET ADDRESS	6949 OLD RIVER RD	
CITY-STATE-ZIP	BAKER FL 32531	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TRENT, CODY	
STREET ADDRESS	6360 BILL LUNDY RD.	
CITY-STATE-ZIP	CRESTVIEW FL 32567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meda Trent	
STREET ADDRESS	6360 Bill Lundy Rd	
CITY-STATE-ZIP	Laurel Hill FL 32567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		



Meda Trent
6360 Bill Lundy Rd
Laurel Hill FL 32567



32567

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:

Meda Trent

7-7-08

850-682-2190