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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005275 (1)

1. Corporation Name
SOUTH BAY CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
REV. FRED H. MINKS 1511 DEL WEBB BLVD WEST SUN CITY CENTER FL 33573-5253	REV. FRED H. MINKS 1511 DEL WEBB BLVD WEST SUN CITY CENTER FL 33573-5253

3. Date Incorporated or Qualified: 11/06/1995

4. FEI Number: 59-3353526 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 815 Cypress Village Blvd	26 815 Cypress Village Blvd
Suite, Apt. #, etc. 22 Suite C Cypress Creek Prof. Ctr	Suite, Apt. #, etc. 27 Ste C Cypress Creek Prof Ctr
City & State 23 Ruskin, Florida	City & State 28 Ruskin, Florida
Zip / Country 24 33573 / 25 USA	Zip / Country 29 33573 / 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCINNIS, RICHARD H 412 EAST MADISON STREET SUITE 1109 TAMPA FL 33602	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MINKS, FRED H 1511 DEL WEBB BLVD WEST SUN CITY CENTER FL 33573-5253	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BENEFIELD, LYMAN 20125 KEEN ROAD LITHIA FL 33547-2327	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PD Benefield, Lyman 20125 Keene Road Lithia, FL 33547-2327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KENNA, FAY 703 MEDINA WAY SUN CITY CENTER FL 33573	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VD Thompson, John R., Ph. D., DD 366 Steeple Chase Lane Palm Harbor, FL 34684	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	TD Geiger, Frank 2606 Locksley Street Sun City Center, FL 33572	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	SD Benefield, Roberta 20125 Keene Road Lithia, FL 33547-2327	☐ Change ☒ Addition

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 2-26-98 for 33573