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

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90039 039 ****61.25

DOCUMENT # N95000005245(1)

421402

1. Entity Name
South Bay Christian Center, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20125 Keene Road	20125 Keene Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Lithia, Florida	Lithia, Florida
City & State: 33547 Hillsborough	City & State: 33547 Hillsborough
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Richard H. McInnis
Street Address (P.O. Box Number is Not Acceptable): 412 East Madison Street
Suite 1109
City: Tampa **FL** Zip Code: 33602

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.

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

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	Lyman Benefield	NAME	
STREET ADDRESS	20125 Keene Road	STREET ADDRESS	
CITY-ST-ZIP	Lithia, Fl 33547	CITY-ST-ZIP	
TITLE	V PD	TITLE	
NAME	John Thompson, Ph.D, DP	NAME	
STREET ADDRESS	366 Steeple Chase Lane	STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, Fl 34684	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	Roberta Benefield	NAME	
STREET ADDRESS	20125 Keene Road	STREET ADDRESS	
CITY-ST-ZIP	Lithia, Florida 33547	CITY-ST-ZIP	**DO NOT WRITE**
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lyman A. Benefield, President _____ 3-7-02 813-633-5045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #