2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000005275

1. Entity Name
SOUTH BAY CHRISTIAN CENTER, INC.

FILED
04 APR -1 AM 11:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
20125 KEENE RD. WIMAUMA, FL 33598 US	20125 KEENE RD. WIMAUMA, FL 33598 US

02232004 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

MCINNIS, RICHARD H
412 EAST MADISON STREET
SUITE 1109
TAMPA, FL 33602

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BENEFIELD, LYMAN
STREET ADDRESS	20125 KEEN ROAD
CITY-ST-ZIP	LITHIA, FL 335472327
TITLE	VPD
NAME	THOMPSON, JOHN R PHD
STREET ADDRESS	366 STEEPLE CHASE LN
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	SD
NAME	BENEFIELD, ROBERTA
STREET ADDRESS	20125 KEENE RD
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Lyman A. Benefield PR- / 3-29-04 / 813-633-5045 / 813-634-6204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #