2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90553 017 ****70.00

DOCUMENT # N95000005275

1. Entity Name
SOUTH BAY CHRISTIAN CENTER, INC.

20035734

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

04142005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 20125 Keene Road	Suite, Apt. #, etc.: 20125 Keene Road
City & State: Wimauma FL	City & State: Wimauma FL
Zip: 33598 Country: US	Zip: 33598 Country: US

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

7. Name and Address of New Registered Agent

Name: Roberta Benefield
Street Address (P.O. Box Number is Not Acceptable): 20125 Keene Road
City: Wimauma FL Zip Code: 33598

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: Roberta Benefield SD Roberta Benefield 4-14-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BENEFIELD, LYMAN 20125 KEEN ROAD LITHIA, FL 335472327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD THOMPSON, JOHN R PHD 366 STEEPLE CHASE LN PALM HARBOR, FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BENEFIELD, ROBERTA 20125 KEENE RD LITHIA, FL 33547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Lyman Benefield 4-14-05 633 5045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #