

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90063 039 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                                                                                            |                                                                                |                                                                                                                                                                           |  |
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| <b>DOCUMENT # N95000005275</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                                                                            |                                                                                |                                                                                                                                                                           |  |
| <b>1. Entity Name</b><br>SOUTH BAY CHRISTIAN CENTER, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              |                                                                                            |                                                                                |                                                                                                                                                                           |  |
| <b>Principal Place of Business</b><br>304 DELWOOD BREAK ST.<br>RUSKIN, FL 33570 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                            | <b>Mailing Address</b><br>304 DELWOOD BREAK ST.<br>RUSKIN, FL 33570 US         |                                                                                                                                                                           |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | <b>3. Mailing Address</b>                                                                  |                                                                                |                                                                                                                                                                           |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              | Suite, Apt. #, etc.                                                                        |                                                                                |                                                                                                                                                                           |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              | City & State                                                                               |                                                                                |                                                                                                                                                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                      | Zip                                                                                        | Country                                                                        | <b>4. FEI Number</b><br>59-3353526                                                                                                                                        |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |                                                                                            |                                                                                | <b>Applied For</b><br>Not Applicable                                                                                                                                      |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BENEFIELD, ROBERTA<br>304 DELWOOD BREAK ST.<br>RUSKIN, FL 33570                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |                                                                                            |                                                                                | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                               |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                            |                                                                                |                                                                                                                                                                           |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                            |                                                                                |                                                                                                                                                                           |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                                                              |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                            |                                                                                |                                                                                                                                                                           |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                   |                                                                                                                                                                           |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PD<br>BENEFIELD, LYMAN<br>20125 KEEN ROAD<br>WIMAUMA, FL 335942327           | <input type="checkbox"/> Delete                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | PD Benefield, Lyman<br>304 Delwood Break St<br>Ruskin, FL 33570-7600 US<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Address only   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VPD<br>THOMPSON, JOHN R PHD<br>366 STEEPLE CHASE LN<br>PALM HARBOR, FL 34684 | <input type="checkbox"/> Delete                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                         |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SD<br>BENEFIELD, ROBERTA<br>20125 KEENE RD<br>WIMAUMA, FL 335942327          | <input type="checkbox"/> Delete                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | SD Benefield, Roberta<br>304 Delwood Break St<br>Ruskin, FL 33570-7600 US<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Address only |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                              | <input type="checkbox"/> Delete                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                         |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                              | <input type="checkbox"/> Delete                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                         |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                              | <input type="checkbox"/> Delete                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                         |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b> |                                                                              |                                                                                            |                                                                                |                                                                                                                                                                           |  |
| <b>SIGNATURE:</b> <u>Lyman Benefield PD</u> <u>April 5, 2008</u> <u>813-641-0702</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                                                                            |                                                                                |                                                                                                                                                                           |  |