

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90144 011 ****70.00

DOCUMENT # N95000005275

1. Entity Name
SOUTH BAY CHRISTIAN CENTER, INC.



Principal Place of Business

**20125 KEENE RD.
LITHIA FL 33547
US**

Mailing Address

**20125 KEENE RD.
LITHIA FL 33547
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

20125 Keene Rd

Suite, Apt. #, etc.

20125 Keene Road

City & State

Wimauma, FL

City & State

Wimauma, FL

4. FEI Number **59-3353526**

Applied For

Not Applicable

Zip

33598

Country

USA

Zip

33598

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **PD** ☐ Delete
NAME **BENEFIELD, LYMAN**
STREET ADDRESS **20125 KEEN ROAD**
CITY-ST-ZIP **LITHIA FL 33547-2327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **THOMPSON, JOHN R PHD**
STREET ADDRESS **366 STEEPLE CHASE LN**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **BENEFIELD, ROBERTA**
STREET ADDRESS **20125 KEENE RD**
CITY-ST-ZIP **LITHIA FL 33547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

4-7-03 813-633-5045

CR2E037 (10/02)