

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # N96000000043

1. Entity Name
SUNLAKE BAPTIST CHURCH, INC.



Principal Place of Business
**18908 SUNLAKE BLVD
LUTZ, FL 33549**

Mailing Address
**18908 SUNLAKE BLVD
LUTZ, FL 33549**

DO NOT WRITE IN THIS SPACE



02262007 No Chg-NP CR2E037 (4/06)

| | |
|---|--|
| 4. FEI Number 59-3374971 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**WALKER, BETTI
18908 SUNLAKE BLVD
LUTZ, FL 33549**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

000000654221
03/13/07-80053-010 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ADAMS, KERRY PRESIDE 19521 FRENCH LAKE DRIVE LUTZ, FL 33549 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LILLY, NANCY TREASUR 3209 RIVER COVE AVE W. TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR LOOP, TOM TRUSTEE 1725 OAKWOOD CT LUTZ, FL 33558 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR STEWART, JIMMY TRUSTEE 19016 CEDAR LANE LUTZ, FL 33558 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR HOLMES, JIMMY TRUSTEE 4626 PARK WAY BLVD LAND O'LAKES, FL 34639 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ADAMS, PAULA 19521 FRENCH LAKE DR LUTZ, FL 33549 |

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Nancy Lilly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/07 *813-739-1412*
Date Daytime Phone #