## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9600000043

**Current Principal Place of Business:** 

Entity Name: SUNLAKE BAPTIST CHURCH, INC.

FILED Jan 11, 2009 Secretary of State

18908 SUNLAKE BLVD LUTZ, FL 33549				18908 SUNLAKE BLVD LUTZ, FL 33558			
Current Mailing Address:				New Mailing Address:			
18908 SUNLAKE BLVD LUTZ, FL 33549				18908 SUNLAKE BLVD LUTZ, FL 33558			
FEI Number:	59-3374971	FEI Number Applied For ( )	FEI Nur	nber Not Appli	icable ( )	Certificate of Stat	tus Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WALKER, BETTI 18908 SUNLAKE BLVD LUTZ, FL 33549 US				WALKER, BETTI 18908 SUNLAKE BLVD LUTZ, FL 33558 US			
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.							
SIGNATURE:				01/11/2009			
	Electroni	c Signature of Registered Age	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ADAMS, KERRY 19521 FRENCH	LAKE DRIVE		Title: Name: Address: City-St-Zip:	ADAMS, KERI	K) Change ()Additio RY G PRESIDE CH LACE DRIVE 158	on

Title:

Title:

Title:

Name:

Address:

Address:

Name:

Address:

City-St-Zip:

City-St-Zip:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Title: TR ( ) Delete

Title:

Name:

Address:

City-St-Zip:

Name: LOOP, TOM TRUSTEE

Address: 1725 OAKWOOD CT City-St-Zip: LUTZ, FL 33558

Title: TR ( ) Delete
Name: STEWART, JIMMY TRUSTEE

ADAMS, PAULA

LUTZ, FL 33558

19521 FRENIL LACE DR.

( ) Delete

Address: 19016 CEDAR LANE
City-St-Zip: LUTZ, FL 33558

Title: TR () Delete

 Name:
 HOLMES, JIMMY TRUSTEE

 Address:
 4626 PARK WAY BLVD

 City-St-Zip:
 LAND O'LAKES, FL 34639

Title: S (X) Delete
Name: ADAMS, PAULA

Address: 19521 FRENCH LAKE DR
City-St-Zip: LUTZ, FL 33549

Title: ( ) Change ( ) Addition Name:

ADAMS, PAULA

LUTZ, FL 33558

19521 FRENCH LACE DR.

(X) Change ( ) Addition

() Change () Addition

() Change () Addition

**New Principal Place of Business:** 

Title: ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERRY G. ADAMS P 01/11/2009