SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N96000001184 (8)

SUMMERFIELD BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address 10817 DIXON DRIVE RIVERVIEW FL 33569 10817 DIXON DRIVE RIVERVIEW FL 33569

FILED 97 OCT -3 AM 10: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualified 3a. Date of Last Report 03/04/1996
		1.00		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		59 340/064 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25 29 30			30	Personal Property Tax due June 30. 🔀 Yes 🔲 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
			81 Name-	Douglass David P.
LITTRELL, DAVID M			82 Street	Address (P.O. Box Number is Not Acceptable)
10907 CARNELIAN LANE				10909 DIXON Drive
RIVERVIEW FL 33569			83	·
			84 City	85 Zip Code
				Riverview FL 85 33569
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, Lem familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE David P. Douglass 7/29/97				
Signature, typed or printed name of regist fed agent and title if epplicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE				
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TP	☐ DELETE	1.1 TITLE	Change Addition
NAME	DOUGLASS, DAVID P		1.2 NAME	7000023136271
STREET ADDRESS	10909 DIXON DRIVE		1.3 STREET ADDRESS	7000023136271 -10/07/9701029013
CITY-\$T-ZIP	RIVERVIEW FL 33569	<u> </u>	1.4 CITY-ST-ZIP	<u> </u>
TITLE	Ţ	DELETE	2.1 TITLE	TST Codds
NAME	CABLE, WILLIAM		2.2 NAME	William CABIR 13420 COUNTY Rd 672
E THE SECOND	P.O. BOX 5884_		2.3 STREET ADDRESS	I 'E
CIT, 2 ZIP	SUN CITY CENTER FL 33		2. 4 CITY-ST-ZIP	BAIM, FL 33503
TITLE T	TV	™ DELETE	3.1 TITLE	Change Addition
NAME	LITTRELL, DAVID M		3.2 NAME	Henry Blakey
STREET ADDRESS	10907 CARNELIAN LANE		3.3 STREET ADDRESS	2004 PARK Village Drive
CITY-ST-ZIP	RIVERVIEW FL 33569	VA DELETE	3 4. CITY - ST - ZIP	Puskin Fl 33570 Change X Addition
TITLE	L. COLUMN	DELETE	4.1 TITLE	LIAMES WITISON LE
NAME	SMITH, RONNIE		4. 2 NAME	120 BOX2134 125 Villemaine Rd.
STREET ADDRESS	3537 EO DANE		4.3 STREET ANDRESS	RUSKIN F1. 33570-7134
CITY-ST-ZIP	WIMAUMA FL 33598	DELETE	4.4 CITY-ST-ZIP	Change M Addition
TITLE	CALLINDO TATOR	(M) DEFEIF	5.1 TITLE	SAMUEL E. BARNETT CHANGE BY ADDITION
NAME	STELLING, MARK		5.2 NAME	5105 JAVES Dr.
STREET ADDRESS	P.O. BOX 2308		5.3 STREET ADDRESS	0105 Offices =1 22500
CITY-ST-ZIP	RIVERVIEW FL 33569	☐ DELETE	5.4 CITY-ST-ZIP	WINAUMA FI 33598 TU DECHANGE Addition
TITLE	TST IOUES IOUN	□ pereie	6.1 TITLE	-1 N
NAME	JONES, JOHN		6.2 NAME	[
STREET ADDRESS	536 FRANDOR PLACE		6.9 STREET ADDRESS	<i> X</i> +X
CITY-ST-ZIP	APOLLO BEACH FL 33572	1	6.4 CITY-ST-ZIP	total in Continue 110 07/07/1 Clarida State day 1 (surface a Clarida State day 1

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or block 13 if changed of on an attackment with an address.