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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001184 (8)**

1. Corporation Name

SUMMERFIELD BAPTIST CHURCH, INC.



Principal Place of Business 10817 DIXON DRIVE RIVERVIEW FL 33569	Mailing Address 10817 DIXON DRIVE RIVERVIEW FL 33569
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3. Date Incorporated or Qualified 03/04/1996	
4. FEI Number 59-3401064	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent DOUGLASS, DAVID P 10909 DIXON DRIVE RIVERVIEW FL 33569
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10. Name and Address of New Registered Agent 81 Name DOUGLASS, DAVID P. 82 Street Address (P.O. Box Number is Not Acceptable) 10817 DIXON Drive 83 84 City Riverview FL 85 Zip Code 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 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, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *David P. Douglass* **DAVID P. DOUGLASS** **1-27-98**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	TP DOUGLASS, DAVID P
STREET ADDRESS	10909 DIXON DRIVE
CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TST CABLE, WILLIAM
STREET ADDRESS	13420 COUNTY RD. 872
CITY-ST-ZIP	BALM FL 33503
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T BLAKEY, HENRY
STREET ADDRESS	2004 PARK VILLAGE DRIVE
CITY-ST-ZIP	RUSKIN FL 33570
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T WILLSON, JAMES
STREET ADDRESS	125 VILLEMAIRE ROAD
CITY-ST-ZIP	RUSKIN FL 33570-7134
TITLE	<input type="checkbox"/> DELETE
NAME	T BARNETT, SAMUEL E
STREET ADDRESS	5105 JAMES DRIVE
CITY-ST-ZIP	WIMAUMA FL 33598
TITLE	<input type="checkbox"/> DELETE
NAME	TV JONES, JOHN
STREET ADDRESS	536 FRANDON PLACE
CITY-ST-ZIP	APOLLO BEACH FL 33572

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TP David P. Douglass
1.3 STREET ADDRESS	10817 Dixon Dr.
1.4 CITY-ST-ZIP	Riverview, FL 33569
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Samuel E. Barnett
5.3 STREET ADDRESS	5105 JAMES Drive
5.4 CITY-ST-ZIP	WIMAUMA, FL 33598
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JOHN JONES
6.3 STREET ADDRESS	536 FRANDON PLACE
6.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572

14. 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 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, or on an attachment with an address.

SIGNATURE *David P. Douglass* **DAVID P. DOUGLASS** **1/27/98 813 677-4281**

CR2E037 (10/97)