

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000004491

1. Entity Name

SANDY ACRES BAPTIST CHURCH INCORPORATED



Principal Place of Business

24998 SE HWY 42
UMATILLA FL 32784

Mailing Address

P O BOX 298
ALTOONA FL 32702-0298



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2461262

Applied For

Not Applicable

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

WILLIAMS, ROBERT E
16150 SE 255TH AVE
UMATILLA FL 32784

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
Due By May 1, 2007

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

T ☐ Delete
NAME WILLIAMS, ROBERT E
STREET ADDRESS 16150 SE 255 AVE
CITY ST ZIP UMATILLA FL 32784

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP
U000000670701
03/27/07-80122-007 70.00

T ☐ Delete
NAME PRICE, PHILLIP B
STREET ADDRESS 41914 CARRIE LN
CITY ST ZIP ALTOONA FL 3272

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

T ☐ Delete
NAME COOK, LAWTON W
STREET ADDRESS 16080 SE 254TH AVE
CITY ST ZIP UMATILLA FL 32784

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

T ☐ Delete
NAME BROWN, DELMAR
STREET ADDRESS P.O. BOX 53
CITY ST ZIP EUSTIS FL 32726

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition
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☐ Delete
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CITY ST ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert E. Williams Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #