


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 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
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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 (10/07)

6. Name and Address of Current Registered Agent WILLIAMS, ROBERT E 16150 SE 255TH AVE UMATILLA FL 32784	
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4. FEI Number 59-2461262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	T <input type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT E
STREET ADDRESS	16150 SE 255 AVE
CITY-ST-ZIP	UMATILLA FL 32784
TITLE	T <input type="checkbox"/> Delete
NAME	PRICE, PHILLIP B
STREET ADDRESS	41914 CARRIE LN
CITY-ST-ZIP	ALTOONA FL 32722
TITLE	T <input type="checkbox"/> Delete
NAME	COOK, LAWTON W
STREET ADDRESS	16080 SE 254TH AVE
CITY-ST-ZIP	UMATILLA FL 32784
TITLE	T <input type="checkbox"/> Delete
NAME	BROWN, DELMAR
STREET ADDRESS	P.O. BOX 53
CITY-ST-ZIP	EUSTIS FL 32726
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000838387
CITY-ST-ZIP	03/05/08-80052-024 70.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* 2-19-08 352-589-1909