

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000006647

1. Entity Name  
THE OLD LANDMARK GOSPEL CHURCH, INC.



Principal Place of Business  
P.O. BOX 1244  
DADE CITY, FL 33526-1244

Mailing Address  
P.O. BOX 1244  
DADE CITY, FL 33526-1244

**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**



07142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3607013

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SANDERS, ERNEST T  
38443 LAKE AVE.  
DADE CITY, FL 33525

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SANDERS, ERNEST
STREET ADDRESS	38443 LAKE AVE.
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	SD
NAME	SANDERS, DAISY
STREET ADDRESS	38443 LAKE AVE.
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	TD
NAME	SANDERS, ERNEST
STREET ADDRESS	210 C STREET
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000955091  
07/16/08-80002-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ernest T. Sanders  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/08 352 567-2734  
Date Daytime Phone #