

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001925

Entity Name: SONLIFE BAPTIST CHURCH OF VALRICO, INC.**Current Principal Place of Business:**4020 E LUMSDEN
VALRICO, FL 33594**Current Mailing Address:**4020 E LUMSDEN
VALRICO, FL 33594**FEI Number: 59-3239678****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KICKLIGHTER, TALMADGE
3827 TWILIGHT DR
VALRICO, FL 33594 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name VISCONTE, RICHARD MJR.
Address 4225 AMBER RIDGE LANE
City-State-Zip: VALRICO FL 33594

Title VP
Name PORTER, KAREN
Address 2609 DRUMWOOD PL
City-State-Zip: VALRICO FL 33594

Title T
Name POTTER, JEAN
Address 3008 E. BLOOMINGDALE AVE.
City-State-Zip: VALRICO FL 33594

Title S
Name THOMAS, DEBBY
Address 9787 TRANQUILITY LAKE CIRCLE
APT. 110
City-State-Zip: RIVERVIEW FL 33578

Title D
Name KICKLIGHTER, WINNIFRED
Address 3927 TWILIGHT DR
City-State-Zip: VALRICO FL 33594

Title D
Name OOTTER, GILBERT
Address 3008 E. BLOOMINGDALE AVE.
City-State-Zip: VALRICO FL 33594

Title D
Name LOPEZ, GLORIA
Address 873-BURLWOOD AVE
City-State-Zip: BRANDON FL 33511

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WINNIFRED KICKLIGHTER**DIRECTOR****02/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date