


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90396 005 \*\*\*\*61.25

**DOCUMENT # 721664**

1. Entity Name  
**PISGAH MISSIONARY BAPTIST CHURCH OF PERRY, FLORIDA INCORPORATED**



Principal Place of Business  
**3435 PISGAH ROAD  
 PERRY, FL 32347**

Mailing Address  
**U.S. HWY 19, NORTH AT HARRISON BLUE RD.  
 P.O. BOX 1210  
 PERRY, FL 32348**

**50038896**



2. Principal Place of Business  
**3435 Pisgah Road**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1210**  
 Suite, Apt. #, etc.

03082005 Chg-NP CR2E037 (10/03)

City & State  
**Perry FL**

City & State  
**Perry FL**

Zip  
**32347** Country  
**USA**

Zip  
**32348** Country  
**USA**

4. FEI Number  
**59-1937731**

Applied For  
 Not Applicable

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

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

**BLANTON, ELAINE  
 3677 SLAUGHTER RD  
 PERRY, FL 32347**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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**

TITLE	S	<input type="checkbox"/> Delete
NAME	BLANTON, ELAINE	
STREET ADDRESS	3677 SLAUGHTER RD	
CITY-ST-ZIP	PERRY, FL 32347	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANTON, ALMON	
STREET ADDRESS	3677 SLAUGHTER RD	
CITY-ST-ZIP	PERRY, FL 32347	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER, PEGGY	
STREET ADDRESS	2765 U.S. 19 NORTH	
CITY-ST-ZIP	PERRY, FL 32347	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BENNETT, WAYNE	
STREET ADDRESS	844 E. ROBERTS AMAN RD.	
CITY-ST-ZIP	PERRY, FL 32347	
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		
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		
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 exemption stated in Section 119.07(3)(l), 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:** Elaine Blanton **ELAINE BLANTON** 4-11-05 850.584-7323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #