


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90378 024 ****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
**P.O. BOX 1210
 PERRY, FL 32348**

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

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

City & State
Perry FL

City & State
Perry, FL

Zip
32347 Country
Taylor

Zip
32348 Country
Taylor

8. Name and Address of Current Registered Agent

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



04202006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1937731

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____

Filing Fee is \$61.25 Due by May 1, 2006

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLANTON, ELAINE 3677 SLAUGHTER RD PERRY, FL 32347 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANTON, ALMON 3677 SLAUGHTER RD PERRY, FL 32347 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D June Byers <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4259 Harrison Blue Rd Perry, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, PEGGY 2765 U.S. 19 NORTH PERRY, FL 32347 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Peggy Hunter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2765 U.S. 19 North Perry, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, WAYNE 844 E. ROBERTS AMAN RD. PERRY, FL 32347 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Billy mathis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Billy mathis rd Perry, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elaine Blanton Elaine Blanton **4-21-06** **850-584-7323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #