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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1997

DOCUMENT # 722824 (0)

1. Corporation Name

PIONEER FIRST BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address  
995 RIVIERA AVE. 995 RIVIERA AVE.  
R2 BOX 1119 R2 BOX 1119  
CLEWISTON FL 33440 CLEWISTON FL 33440-9613

3. Date Incorporated or Qualified 03/03/1972 3a. Date of Last Report 04/02/1996  
4. FEI Number 59-2596401 Applied For Not Applicable  
5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
BALL, GEORGE D.  
RT. 1 BOX 787  
MOORE HAVEN FL 33471

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS  
TITLE [ ] DELETE  
NAME PD BALL, GEORGE D  
STREET ADDRESS RT. 1 BOX 787  
CITY-ST-ZIP MOORE HAVEN FL  
TITLE [ ] DELETE  
NAME TSD WINKLER, VERBA  
STREET ADDRESS RT 2 BOX 1228  
CITY-ST-ZIP CLEWISTON FL  
TITLE [ ] DELETE  
NAME VPD PITTS AILEEN B.  
STREET ADDRESS RT 2 BOX 1309 N/A  
CITY-ST-ZIP CLEWISTON FL 33440  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Aileen B. Pitts* 3-16-97 941 983 2847  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042631

CR2E037 (9/96)