
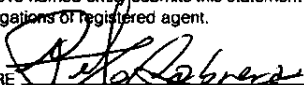
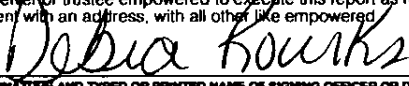


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2007 8:00 am**  
**Secretary of State**

08-01-2007 90035 046 \*\*\*\*70.00

|  |   |   |  |  |   |
|--|---|---|--|--|---|
| <b>DOCUMENT # 722824</b><br>1. Entity Name<br><b>PIONEER FIRST BAPTIST CHURCH, INC.</b>  |   |   |  |   |   |
| Principal Place of Business<br><b>995 RIVIERA AVE.<br/>CLEWISTON, FL 33440</b>   |   |   | Mailing Address<br><b>995 RIVIERA AVE.<br/>CLEWISTON, FL 33440</b> |  |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |  |   |
| City & State   |   | City & State  |  |  |   |
| Zip  | Country   | Zip   | Country  | 4. FEI Number<br><b>59-2596401</b>   |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |   |   |  | Applied For<br>Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>ODOM, JAY R<br/>432 AVE S<br/>MOORE HAVEN, FL 33471</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Pedro Cabrera</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>1201 Tampa Ave</b><br>City <b>Clewiston</b> FL Zip Code <b>33440</b> |   |
| 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.<br><br>SIGNATURE  DATE <b>7.22.07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>  |   |   |  |  |   |
| <b>Filing Fee is \$61.25<br/>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>       |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>ODOM, JAY<br>POB 860<br>MOORE HAVEN, FL 33471                        | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S/D<br>ODOM, BRENDA<br>POB 860<br>MOORE HAVEN, FL 33471                   | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S/D<br>Debra Rourks<br>PO Box 504 Clewiston FL 33440<br><input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>ROURKS, DEBRA<br>PO BOX 504<br>CLEWISTON, FL 33440                   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TRUS<br>HARRELL, JASON<br>PO BOX 3192<br>CLEWISTON, FL 33440              | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TRUSTEE<br>Pedro Cabrera<br>1201 Tampa Ave<br>Clewiston, FL 33440<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TRUS<br>HENRY, WALTER<br>BOX 8073 INDIAN MND. RD<br>MOORE HAVEN, FL 33440 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TRUS<br>ODOM, JAY<br>PO BOX 860<br>MOORE HAVEN, FL 33440                  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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:  <b>7.22.07</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |  |  |   |

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