


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 722824

1. Entity Name
PIONEER FIRST BAPTIST CHURCH, INC.



Principal Place of Business
**995 RIVIERA AVE.
 CLEWISTON, FL 33440**

Mailing Address
**995 RIVIERA AVE.
 CLEWISTON, FL 33440**


2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

40127755



07092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2596401

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ODOM, JAY R
 432 AVE S
 MOORE HAVEN, FL 33471**

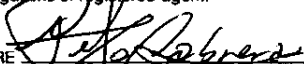
7. Name and Address of New Registered Agent

Name
Pedro Cabrera

Street Address (P.O. Box Number is Not Acceptable)
1201 Tampa Ave

City
Clewiston FL Zip Code
33440

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 **7.22.07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

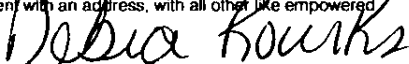
10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	ODOM, JAY	
STREET ADDRESS	POB 860	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	ODOM, BRENDA	
STREET ADDRESS	POB 860	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROURKS, DEBRA	
STREET ADDRESS	PO BOX 504	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	TRUS	<input checked="" type="checkbox"/> Delete
NAME	HARRELL, JASON	
STREET ADDRESS	PO BOX 3192	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	TRUS	<input type="checkbox"/> Delete
NAME	HENRY, WALTER	
STREET ADDRESS	BOX 8073 INDIAN MND. RD	
CITY-ST-ZIP	MOORE HAVEN, FL 33440	
TITLE	TRUS	<input type="checkbox"/> Delete
NAME	ODOM, JAY	
STREET ADDRESS	PO BOX 860	
CITY-ST-ZIP	MOORE HAVEN, FL 33440	

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	S/D	<input checked="" type="checkbox"/> Addition
NAME	Debra Rourks	
STREET ADDRESS	PO BOX 504 Clewiston FL	
CITY-ST-ZIP	33440	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pedro Cabrera	
STREET ADDRESS	1201 Tampa Ave	
CITY-ST-ZIP	Clewiston, FL 33440	
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 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:  DATE **7.22.07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #