


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90125 035 ****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**

40081730



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

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

04202008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

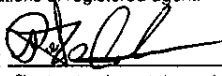
4. FEI Number
59-2596401

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

6. Name and Address of Current Registered Agent
**CABRERA, PEDRO
 1201 TAMPA AVE
 CLEWISTON, FL 33440**

7. Name and Address of New Registered Agent
 Name **Pedro Cabrera**
 Street Address (P.O. Box Number is Not Acceptable) **1201 Tampa Avenue**
 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 _____

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, 2008**

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 checked="" 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	ROURKS, DEBRA	
STREET ADDRESS	P.O. BOX 504	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROURKS, DEBRA	
STREET ADDRESS	PO BOX 504	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	TRUS	<input type="checkbox"/> Delete
NAME	CABRERA, PEDRO	
STREET ADDRESS	1201 TAMPA AVE	
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 checked="" 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Cabrera	
STREET ADDRESS	1201 Tampa Avenue	
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		
TITLE	Trus	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Omar Flores	
STREET ADDRESS	990 Jupiter Ave.	
CITY-ST-ZIP	Clewiston, FL. 33440	

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 _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR