

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **762809** (2)

1. Corporation Name

PLEASANT RIDGE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**1015 PLEASANT ROAD
DEFUNIAK SPRINGS FL 32433
US**

**1015 PLEASANT RIDGE ROAD
DEFUNIAK SPRINGS FL 32433
US**

3. Date Incorporated or Qualified

04/09/1982

4. FEI Number

59-2338553

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAINIEY, RONNIE
176 JW GAINIEY LOOP
DEFUNIAK SPRINGS FL 32433**

81 Name

Thomas, Rachel C.

82 Street Address (P.O. Box Number is Not Acceptable)

627 Pleasant Ridge Rd

83

DeFuniak Springs, FL 32433

84

City DeFuniak Springs

FL

85

Zip Code 32433

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

Rachel C. Thomas
Signature typed or printed name of registered agent and title if applicable

Rachel C. Thomas, Secretary

2/24/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TVP	<input checked="" type="checkbox"/> DELETE
NAME	COSSON, JIM A	
STREET ADDRESS	1855 COSSON RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	TRS	<input checked="" type="checkbox"/> DELETE
NAME	COSSON, FAYE Y.	
STREET ADDRESS	891 COY ELLIS ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	MITCHEM, JAMES E 'PETE'	
STREET ADDRESS	2644 BOB SIKES RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	TRT	<input type="checkbox"/> DELETE
NAME	LAMONTE, DENNIS O	
STREET ADDRESS	256 BAY AVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	TRP	<input checked="" type="checkbox"/> DELETE
NAME	GAINIEY, RONNIE	
STREET ADDRESS	P O BOX 792 N/A	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, LONNIE	
STREET ADDRESS	307 MITCHEM ROAD	
CITY-ST-ZIP	DEFUNIAK SPGS. FL	

1.1 TITLE	P/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SMITH, JAMES KEVIN	
1.3 STREET ADDRESS	101 W. Sloss Ave	
1.4 CITY-ST-ZIP	DeFuniak Springs, FL 32433	
2.1 TITLE	V/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COSSON, LETHA L.	
2.3 STREET ADDRESS	180 Tim Boland Rd	
2.4 CITY-ST-ZIP	DeFuniak Springs FL 32433	
3.1 TITLE	S/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS, RACHEL C.	
3.3 STREET ADDRESS	627 Pleasant Ridge Rd	
3.4 CITY-ST-ZIP	DeFuniak Springs, FL 32433	
4.1 TITLE	T/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *James Kevin Smith* **James Kevin Smith** **2/27/98** **850-892-9939**

CP2E037 (10/97)