

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 762809 1. Entity Name PLEASANT RIDGE BAPTIST CHURCH, INC.	
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Principal Place of Business 1015 PLEASANT ROAD DEFUNIAK SPRINGS FL 32435 US	Mailing Address 1015 PLEASANT ROAD DEFUNIAK SPRINGS FL 32435 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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1st MOORE CR2E037 (10/04)

4. FEI Number 59-2338553	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS, RACHEL C 627 PLEASANT RIDGE RD DEFUNIAK SPRINGS FL 32435

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TTR CRIM, BETTY N 2598 BOB SIKES RD DEFUNIAK SPRINGS FL 32435 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STR THOMAS, RACHEL C 627 PLEASANT RIDGE RD DEFUNIAK SPRINGS FL 32435 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTR MITCHEM, JODY 12 MITCHEM RD DEFUNIAK SPRINGS FL 32435 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTR VOGEL, O. PAUL 2652 CORBIN GAINES ROAD DEFUNIAK SPRINGS FL 32435 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000216225 02/05/05-80040-006 61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. 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 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: <i>Betty Crim, Betty Crim</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Feb 2 05 850-892-5867 Date Daytime Phone #
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