

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000004552

1. Entity Name

NEW HOME BAPTIST CHURCH OF GRACEVILLE, INC.



Principal Place of Business

**494 NEW HOME CIRCLE
GRACEVILLE FL 32440**

Mailing Address

**C/O ROBERT HICKS
670 SATELLITE RD
GRACEVILLE FL 32440**



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2363254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HICKS, ROBERT
494 NEW HOME CIRCLE
GRACEVILLE FL 32440**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 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	PD	<input type="checkbox"/> Delete
NAME	KIRKLAND, MARION	
STREET ADDRESS	5717 HWY 77	
CITY-STATE-ZIP	GRACEVILLE FL 32440	

TITLE	STD	<input type="checkbox"/> Delete
NAME	CAIN, LINDA	
STREET ADDRESS	706 3RD ST	
CITY-STATE-ZIP	CHIPLEY FL 32428	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SHIVER, DOYLE	
STREET ADDRESS	487 TRI COUNTY RD	
CITY-STATE-ZIP	GRACEVILLE FL 32440	

TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, HUEY REV	
STREET ADDRESS	2986 POST OAK RD	
CITY-STATE-ZIP	SLOCOMB AL 36375	

TITLE	D	<input type="checkbox"/> Delete
NAME	HICKS, ROBERT	
STREET ADDRESS	670 SATELLITE RD.	
CITY-STATE-ZIP	GRACEVILLE FL 32440	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Linda Cain STD

2/3/07 850-638-4736