


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 04, 2007 08:00 AM  
Secretary of State

DOCUMENT # N01000008808		
1. Entity Name SHADY SEA MISSIONARY BAPTIST CHURCH, INC.		
Principal Place of Business 47 SHADY SEA ST CRAWFORDVILLE, FL 32327	Mailing Address 47 SHADY SEA ST CRAWFORDVILLE, FL 32327	



05302007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0531022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  PEARCE, DANIEL 92 MERWYN DR CRAWFORDVILLE, FL 32327
--

**DO NOT WRITE  
IN THIS SPACE**

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 *Daniel H. Pearce* DATE 5-30-07  
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 September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, ALASKA 152 ALASKA BROWN RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT GRAY, CHINA 3588 SPRING CREEK HWY CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPENCE, JEAN 1143 JEFFREY RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, CLYDE 132 APPOLOOSA RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, MARY 132 APPOLOOSA RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KILGORE, GLADYS 9 BB CIR CRAWFORDVILLE, FL 32312

U000000765829  
06/04/07-80006-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: *China L Gray* 5-30-07 <sup>850</sup> 926-5405  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #