

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704609

**Entity Name:** PLANTATION BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

11700 NW 28 CT.  
PLANTATION, FL 33323

**Current Mailing Address:**

11700 NW 28 CT.  
PLANTATION, FL 33323

**FEI Number: 59-1316308**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HUNTER, THOMAS AJR.  
11700 NW 28TH CT.  
PLANTATION, FL 33323 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HUNTER, THOMAS AJR.  
Address        11700 NW 28 CT.  
City-State-Zip: PLANTATION FL 33323

Title            DEACON  
Name            HANSEN, HENNING A  
Address        11700 NW 28 CT.  
City-State-Zip: PLANTATION FL 33323

Title            SECRETARY  
Name            VILLALBA, RAUL O  
Address        11700 NW 28 CT.  
City-State-Zip: PLANTATION FL 33323

Title            DEACON  
Name            YACHTER, DAVID  
Address        11700 NW 28 CT.  
City-State-Zip: PLANTATION FL 33323

Title            TREASURER  
Name            CASAS, MICHAEL  
Address        11700 NW 28 CT.  
City-State-Zip: PLANTATION FL 33323

Title            DEACON  
Name            MOLINA, ERWIN  
Address        11700 NW 28 CT.  
City-State-Zip: PLANTATION FL 33323

Title            DEACON  
Name            NEALEY, BILL JR.  
Address        11700 NW 28 CT.  
City-State-Zip: PLANTATION FL 33323

Title            DEACON  
Name            BRANCH, BENEDICT  
Address        11700 NW 28 CT.  
City-State-Zip: PLANTATION FL 33323

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS A HUNTER SR**

**PRESIDENT**

**02/13/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DEACON  
Name FERNANDEZ, JUAN  
Address 11700 NW 28TH CT  
City-State-Zip: PLANTATION FL 33323

Title PASTOR  
Name NUNEZ, RUBEN  
Address 11700 NW 28TH CT  
City-State-Zip: PLANTATION FL 33323

Title DIRECTOR  
Name WILLIAMS, RANDY  
Address 11700 NW 28 CT.  
City-State-Zip: PLANTATION FL 33323