

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90113 016 ****61.25

DOCUMENT # 701157

1. Entity Name

**TRUSTEE CORPORATION OF THE PAXTON BAPTIST
CHURCH, INC.**



Principal Place of Business

**PAXTON BAPTIST CHURCH
21757 HWY 331 N
PAXTON, FL 32538 US**

Mailing Address

**PAXTON BAPTIST CHURCH
P.O. BOX 1277
PAXTON, FL 32538-1277 US**

50054485



07012005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2624383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRASWELL, DERRY
1175 COUNTY RD 285 N.
DEFUNIAK SPRINGS, FL 32433**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$81.25
Due by September 7, 2005**

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
**D
SCHOFIELD, PAT
BOX 414 CATAWBA AVE
LOCKHART, AL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BRASWELL, DERRY
1175 CO. RD. 285 N
DEFUNIAK SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHOFIELD, W.H.
BOX 414 NA OSAGE ST.
LOCKHART, AL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SENN, BOBBY J
215 DEAN RD
DE FUNIAK SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MCRAE, ALICE M
62 CO HWY 147 E
PAXTON, FL 32538**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Alice M. McRae
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-05 850-834-3031
Date Daytime Phone #