

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90036 043 ****61.25

DOCUMENT # 702447

1. Entity Name
**TRUSTEE CORPORATION OF THE KING STREET
BAPTIST CHURCH, INC.**



Principal Place of Business
**BAPTIST CHURCH INC
1040 WEST KING STREET
COCOA, FL 32922**

Mailing Address
**BAPTIST CHURCH INC
1040 WEST KING STREET
COCOA, FL 32922**



07022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number **05-0026778** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MALLARD, ARNOLD
3930 FENNER ROAD
COCOA, FL 32926-4206**

**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 reinstating) DATE

**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	VD
NAME	PARRISH, CRAIG
STREET ADDRESS	1850 BRITT ROAD
CITY - ST - ZIP	COCOA, FL 32926
TITLE	D
NAME	HURST, DONALD
STREET ADDRESS	2100 COX ROAD
CITY - ST - ZIP	COCOA, FL 32926
TITLE	D
NAME	MALONE, DAVID
STREET ADDRESS	104 GRACE AVE
CITY - ST - ZIP	COCOA, FL 329264225
TITLE	DST
NAME	SMITH, RAYVENA
STREET ADDRESS	4600 JANET RD
CITY - ST - ZIP	COCOA, FL 329264225
TITLE	T
NAME	PARRISH, TERESA
STREET ADDRESS	1850 BRITT ROAD
CITY - ST - ZIP	COCOA, FL 32926
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 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:

Arnold Mallard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-07

Date

Daytime Phone #