


NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # 702890	
Entity Name FLORIDA PRIMITIVE BAPTIST DEACON'S ASSOCIATION, INCORPORATED	

Principal Place of Business 2791 N. PINE ISLAND RD. 212 SUNRISE FL 33322	Mailing Address 2791 N. PINE ISLAND RD. 212 SUNRISE FL 33322
---	---



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 NO-T APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent SUMMERFORD, HERMAN L. 2791 N. PINE ISLAND ROAD #212 SUNRISE FL 33322

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 _____ (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 <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	--------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD HINTON, NALLIE L 1129 OLD DIXIE HWY. CALLAHAN FL 32011 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD RONALD, CAVES 6421 THOMAS STREET HOLLYWOOD FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD SUMMERFORD, HERMAN L 2791 N. PINE ISLAND RD. #212 SUNRISE FL 33322 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD DARBY, TOM 7226 GLENDINE DR. N JACKSONVILLE FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000654355 03/13/07-80059-004 61.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Herman L Summerford HERMAN L SUMMERFORD Feb 24 2007 954 749-3245