

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 703066

1. Entity Name
**THE LEMON HEIGHTS BAPTIST CHURCH OF PALATKA,
FL ORIDA**



Principal Place of Business

**2400 ST JOHNS AVE
PALATKA, FL 32177**

Mailing Address

**2400 ST JOHNS AVE
PALATKA FLA, 32177**



02112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0991621

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHARDSON, NYTA
2204 PROSPER ST
PALATKA, FL 32177**

**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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BRADSHAW, ROBERT
STREET ADDRESS 337 W. RIVER RD
CITY-ST-ZIP PALATKA, FL 32177

TITLE D
NAME JOYNER, ELIZABETH
STREET ADDRESS 6007 BROOKEHAVEN LN.
CITY-ST-ZIP PALATKA, FL 32177

TITLE D
NAME WARD, DAN
STREET ADDRESS RT 4 BOX 14
CITY-ST-ZIP PALATKA, FL 32177

TITLE S
NAME RICHARDSON, NYTA
STREET ADDRESS 2204 PROSPER STREET
CITY-ST-ZIP PALATKA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000842610
03/11/08-80037-025 61.25

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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: *Nyta Richardson* Nyta Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-328-4426 Feb. 20, 2008

Date

Daytime Phone #