

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90101 032 \*\*\*\*61.25

**DOCUMENT # 704004**

1. Entity Name

PEACE CREEK BAPTIST CHURCH HOLDING COMPANY,  
INC.



Principal Place of Business

Mailing Address

3070 STATE ROAD 60 EAST  
BARTOW FL 33830

3070 STATE ROAD 60 EAST  
BARTOW FL 33830

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

4. FEI Number

59-1971211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLOWERS, VENSON, JR.  
4190 EIGHTY FOOT ROAD  
BARTOW FL 33830

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

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

(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. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete  
NAME FLOWERS, VENSON, JR.  
STREET ADDRESS 4190 EIGHTY FOOT ROAD  
CITY- ST- ZIP BARTOW FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VD ☒ Delete  
NAME ~~JACOBS, ROSS~~  
STREET ADDRESS 1955 E. CHURCH STREET  
CITY- ST- ZIP BARTOW FL

TITLE ☒ Change ☐ Addition  
NAME VP/D  
STREET ADDRESS Ralph G. Mills  
CITY- ST- ZIP 1795 Emerson Avenue  
Bartow, FL 33830-7010

TITLE TD ☐ Delete  
NAME MILLS, DARLENE R  
STREET ADDRESS 1795 EMERSON AVE  
CITY- ST- ZIP BARTOW FL 33830-7010

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VD ☐ Delete  
NAME GOFF, MICHAEL  
STREET ADDRESS 1130 S. GORDON AVENUE  
CITY- ST- ZIP BARTOW FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE PD ☐ Delete  
NAME FORTNER, THOMAS  
STREET ADDRESS 4270 EIGHTY FOOT ROAD  
CITY- ST- ZIP BARTOW FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:** *Darlene R. Mills* **Darlene R. Mills, Treas. 03/19/2007 863/533-5046**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #