

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

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

05-02-2007 90042 023 \*\*\*\*70.00

**DOCUMENT # 706644**

1. Entity Name  
PINEY GROVE BAPTIST CHURCH OF UMATILLA, INC.



Principal Place of Business

PINEY GROVE BAPTIST CHURCH  
38509 CHURCH ST  
UMATILLA, FL 32784

Mailing Address

P O BOX 977  
UMATILLA, FL 32784



04052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MITCHELL, SR, WILLIE L  
38323 CHURCH ST  
UMATILLA, FL 32784

*Carroll, Sabrina*  
*38625 Marshall St.*  
*Umatilla, FL 32784*

**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

*Sabrina Carroll*

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

(NOTE: Registered Agent signature required when reinstating)

*04-22-07*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MITCHELL, WILLIE L
STREET ADDRESS	38323 CHURCH ST
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	T
NAME	BELL, WILLIE
STREET ADDRESS	28624 LINE ST.
CITY-ST-ZIP	UMATILLA, FL
TITLE	D
NAME	CARROLL, SABRINA
STREET ADDRESS	MARSHALL ST. 38625 MARSHALL ST.
CITY-ST-ZIP	UMATILLA, FL
TITLE	T
NAME	WILLIAM, THEMA
STREET ADDRESS	PINE STREET 38827 PINE STREE
CITY-ST-ZIP	UMATILLA, FL
TITLE	D
NAME	BELL, CORA
STREET ADDRESS	38620 LINE ST.
CITY-ST-ZIP	UMATILLA, FL
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:

*Sabrina Carroll*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04-22-07*

Date

*(352) 589-1638*

Daytime Phone #