

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90192 029 \*\*\*\*61.25

**DOCUMENT # 706778**

1. Entity Name  
**THE PINE GROVE BAPTIST CHURCH, INC.**



Principal Place of Business  
**2300 PINE GROVE RD.  
MULBERRY, FL 33860**

Mailing Address  
**2300 PINE GROVE RD.  
MULBERRY, FL 33860**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-6140268**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARD, WILLIE F  
4105 PONSETTA DR  
MULBERRY, FL 33860**

Name  
**Jeff Hill**

Street Address (P.O. Box Number is Not Acceptable)  
**4433 Meadow Ridge Ave.**

City  
**Mulberry**

FL Zip Code  
**33860**

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 **Jeffery Hill, CD**

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

*[Handwritten Signature]*

(If Not Registered Agent signature required when re-registering)

**4/24/06**

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

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 **CD** ☒ Delete  
NAME **WARD, WILLIE**  
STREET ADDRESS **4105 Poinsettia St.**  
CITY-ST-ZIP **MULBERRY, FL 33860**

TITLE **CD** ☒ Change ☐ Addition  
NAME **Jeffery Hill**  
STREET ADDRESS **4433 Meadow Ridge Ave.**  
CITY-ST-ZIP **Mulberry, FL 33860**

TITLE **S** ☒ Delete  
NAME **STEPHENS, MARION**  
STREET ADDRESS **4305 SABAL PALM DR**  
CITY-ST-ZIP **MULBERRY, FL 33860**

TITLE **S** ☒ Change ☐ Addition  
NAME **Burt F. Parker**  
STREET ADDRESS **4320 Bailey Rd.**  
CITY-ST-ZIP **Mulberry, FL 33860**

TITLE **T** ☐ Delete  
NAME **HALFORD, LEE**  
STREET ADDRESS **3965 DAVID DR**  
CITY-ST-ZIP **MULBERRY, FL 33860**

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

TITLE **T** ☒ Delete  
NAME **MULLIS, BARNEY**  
STREET ADDRESS **3760 DAVIS RD**  
CITY-ST-ZIP **MULBERRY, FL**

TITLE **T** ☒ Change ☐ Addition  
NAME **John Carter**  
STREET ADDRESS **5764 Deerflag Dr.**  
CITY-ST-ZIP **Lake Land, FL 33811**

TITLE **T** ☐ Delete  
NAME **HOOK, LINWOOD**  
STREET ADDRESS **3160 GARLAND ST**  
CITY-ST-ZIP **MULBERRY, FL 33860**

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 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: **Burt F. Parker** **Burt F. Parker** **4/24/2006** **(863)425-1512**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #

check 2568