


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 706778</b>	
1. Entity Name <b>THE PINE GROVE BAPTIST CHURCH, INC.</b>	

Principal Place of Business <b>2300 PINE GROVE RD. MULBERRY, FL 33860</b>	Mailing Address <b>2300 PINE GROVE RD. MULBERRY, FL 33860</b>
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DO NOT WRITE IN THIS SPACE



01132007 No Chg-NP CR2E037 (4/06)

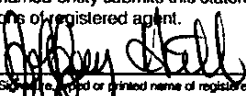
4. FEI Number <b>59-6140268</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HILL, JEFF  
4433 MEADOW RIDGE AVE  
MULBERRY, FL 33860**

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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  **JEFFREY HILL** 1/14/07

Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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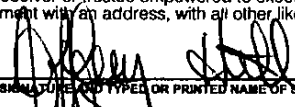
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD HILL, JEFFREY 4433 MEADOW RIDGE AVE MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PARKER, BURT F 4320 BAILEY RD MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HALFORD, LEE 3965 DAVID DR MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARTER, JOHN 5764 DEERFLAG DR ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOOK, LINWOOD 3160 GARLAND ST MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U00000590805  
01/18/07-80070-018 61.25

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:  **JEFFREY HILL** 1/14/07 863-669-9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #