

2007 NOT-FOR-PROFIT CORPORATION (AMENDED) ANNUAL REPORT

check # 2981

FILED

2007 SEP - 4 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08272007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
4. FEI Number 59-6140268			Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HILL, JEFF 4433 MEADOW RIDGE AVE MULBERRY, FL 33860			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	CD HILL, JEFFREY 4433 MEADOW RIDGE AVE MULBERRY, FL 33860		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S00109212815 09/07/07--01035--011 **61.55	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKER, BURT F 4320 BAILEY RD MULBERRY, FL 33860		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALFORD, LEE 3965 DAVID DR MULBERRY, FL 33860		<input checked="" type="checkbox"/> Delete Deceased	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Stewart, L.W. 302 Adams Rd. Mulberry, FL 33860	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, JOHN 5764 DEERFLAG DR ORLANDO, FL 32811		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOOK, LINWOOD 3160 GARLAND ST MULBERRY, FL 33860		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Burt F. Parker, Burt F. Parker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>Aug. 28, 2007</u> <small>Date</small>		<u>(863) 425-1512</u> <small>Daytime Phone #</small>

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G.W.