

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT #707681

1. Entity Name
MOUNT RAYMOND BAPTIST CHURCH, INC.



Principal Place of Business
**2410 4TH AVENUE E.
P.O. BOX 1272
PALMETTO, FL 34221-2745**

Mailing Address
**2410 4TH AVENUE E.
P.O. BOX 1272
PALMETTO, FL 34221-2745**



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2434048

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POLLARD, DOCK JR.
1492 17TH ST. W.
PALMETTO, FL 33561**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000878429
04/14/08-80054-022 61.25

10. OFFICERS AND DIRECTORS

TITLE C
NAME POLLARD, DOCK REV., JR.
STREET ADDRESS 1492 17TH ST. W.
CITY-ST-ZIP PALMETTO, FL

TITLE SD
NAME YAWN, JOHNNY DEA.
STREET ADDRESS 1807 1ST AVENUE EAST
CITY-ST-ZIP PALMETTO, FL

TITLE TD
NAME WILLIAM, FRANCIS DEA.
STREET ADDRESS 2804 2ND AVENUE EAST
CITY-ST-ZIP PALMETTO, FL

TITLE MD
NAME GREEN, CLARENCE DEA.
STREET ADDRESS 308 21ST STREET WEST
CITY-ST-ZIP PALMETTO, FL

TITLE M
NAME BENNETT, JOE DEA
STREET ADDRESS 512 21ST ST. E.
CITY-ST-ZIP PALMETTO, FL 34221

TITLE M
NAME RANDOLPH, OSCAR DEA.
STREET ADDRESS 1903 5TH AVENUE WEST
CITY-ST-ZIP PALMETTO, FL

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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: *Francis A. Wms.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-08 941-788-7819