

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # 709133

1. Entity Name

**PINE GROVE BAPTIST CHURCH OF GAINESVILLE,
INC.**



Principal Place of Business

Mailing Address

**4200 NW 39 AVE
P O BOX 1473
GAINESVILLE FL 32606-1550**

**4200 NW 39 AVE
P O BOX 1473
GAINESVILLE FL 32606-1550**



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

56-2328686

Applied For

Not Applicable

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

**MAC DONALD, MILES
3737 NW 59 PL
GAINESVILLE FL 32653**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE	TD	☐ Delete
NAME	MACDONALD, MYLES	
STREET ADDRESS	3737 NW 59 PLACE	
CITY-STATE-ZIP	GAINESVILLE FL 32653	
TITLE	D	☐ Delete
NAME	BLACKMAN, WALTER	
STREET ADDRESS	4125 NW 43 TERR	
CITY-STATE-ZIP	GAINESVILLE FL 32606	
TITLE	TD	☐ Delete
NAME	HARRIS, JACQUELINE	
STREET ADDRESS	3016 NE 11 DR	
CITY-STATE-ZIP	GAINESVILLE FL 32609	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *myles macdonald*
myles macdonald

March 17, 2008 352-335-8097