

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

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90062 002 ****61.25

DOCUMENT # 715912

1. Entity Name
POPLAR SPRINGS BAPTIST CHURCH, INC.



Principal Place of Business
**1098 LOVEWOOD ROAD
GRACEVILLE, FL 32440**

Mailing Address
**1098 LOVEWOOD ROAD
GRACEVILLE, FL 32440**

40111030



07072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2324645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADKISON, KENNETH
807 MCGEE RD
BONIFAY, FL 32425**

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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 *Kenneth Adkison* Kenneth Adkison 7/9/08
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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DUNSON, MYRON
4174 ROBIN ROAD
COTTONDALE, FL 32431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ADKISON, KENNETH
224 HWY 273
CHIPLEY, FL 32428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
RONEY, CAROLYN
3797-B HIGHWAY 273
GRACEVILLE, FL 32440**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Kenneth Adkison* Kenneth Adkison 7/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #