

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90018 019 \*\*\*\*61.25

**DOCUMENT # 721477**

1. Entity Name

**THE SOUTH EBENEZER BAPTIST CHURCH OF LAUREL  
HILL, FLORIDA**



Principal Place of Business

**8399 OLD EBENEZER RD  
LAUREL HILL FL 32567**

Mailing Address

**8399 OLD EBENEZER RD  
LAUREL HILL FL 32567**

**24011932**



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

~~ANDERSON, HUBERT  
8399 OLD EBENEZER RD.  
LAUREL HILL FL 32567~~

7. Name and Address of New Registered Agent

Name Bruce Crawford  
Street Address (P.O. Box Number is Not Acceptable)  
8246 Old Ebenezer Rd  
City Laurel Hill FL Zip Code 32567

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

Bruce Crawford

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

(NOTE: Registered Agent signature required when reinstating)

Feb. 6, 04

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
KING, MARY A  
8225 OLD EBENEZER RD.  
LAUREL HILL FL 32567**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
CATO, VIRGINIA S  
8279 OLD EBENEZER RD.  
LAUREL HILL FL 32567**

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~**PDD  
ANDERSON, HUBERT  
14867 OLD FARM RD.  
FLORALA AL 36442**~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDD  
Crawford, Bruce  
8246 Old Ebenezer Rd  
Laurel Hill FL 32567**

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mary A. King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04

Date

850-652-2311

Daytime Phone #