



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90378 024 ****61.25

DOCUMENT # 721664 1. Entity Name PISGAH MISSIONARY BAPTIST CHURCH OF PERRY, FLORIDA INCORPORATED					
Principal Place of Business 3435 PISGAH ROAD PERRY, FL 32347				Mailing Address P.O. BOX 1210 PERRY, FL 32348	
2. Principal Place of Business 3435 Pisgah Rd <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 1210 <small>Suite, Apt. #, etc.</small>			
City & State Perry FL		City & State Perry, FL		4. FEI Number 59-1937731	
Zip 32347		Country Taylor		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANTON, ELAINE 3677 SLAUGHTER RD PERRY, FL 32347				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	S BLANTON, ELAINE <input type="checkbox"/> Delete 3677 SLAUGHTER RD PERRY, FL 32347		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BLANTON, ALMON 3677 SLAUGHTER RD PERRY, FL 32347		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D June Byers <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4259 Harrison Blue Rd Perry, FL 32347	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HUNTER, PEGGY 2765 U.S. 19 NORTH PERRY, FL 32347		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Peggy Hunter 2765 U.S. 19 North Perry, FL 32347	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete BENNETT, WAYNE 844 E. ROBERTS AMAN RD. PERRY, FL 32347		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Billy mathis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Billy mathis Rd Perry, FL 32348	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		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: Elaine Blanton Elaine Blanton 4-21-06 850-584-7323 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					