2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mailles Address

DOCUMENT #721664

1. Entity Name

CITY-ST-ZIP

Principal Place of Pusinger

PISGAH MISSIONARY BAPTIST CHURCH OF PERRY. FLORIDA INCORPORATED



FILED Apr 17, 2007 8:00 am Secretary of State

04-17-2007 90043 025 ****61.25

3435 PISGAH ROAD PERRY, FL 32347 2. Principal Place of Business - No P.O. Box #		P.O. BOX 1210 PERRY, FL 32348		40064		1214 ATDIZ AFDIZ ZIA	H a: Ri ipdi	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272007 CH	g-NP CR2E0	37 (12/06)		
City & State		City & State		4. FEI Number 59-193773	1		plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Require	litional	
	6. Name and Address of Curren	t Registered Agent		7. Name and Add	ress of New Registered	Agent		
RI ANTON	FLAINE		Name					
BLANTON, ELAINE 3677 SLAUGHTER RD PERRY, FL 32347			Street Addre		ess (P.O. Box Number is Not Acceptable)			
			City	······································	FL	Zip Code	9	
8. The above	named entity submits this statement	or the purpose of changing its r	registered office or	registered agent, or both, in	the State of Florida. I am	familiar with,	and accept	
the obligat	tions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE:	: Registered Agent aignatur	re required when reinstating)	DATE			
	Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees	Make chec Florida Depa	k payable to runent of St		
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	10	
TITLE	S	Delete	TITLE			Change	Addition	
NAME	BLANTON, ELAINE		NAME					
STREET ADDRESS CITY-ST-ZIP	3677 SLAUGHTER RD							
			STREET ADDRESS					
	PERRY, FL 32347		CITY-ST-ZIP	05				
TITLE	PERRY, FL 32347 D	☐ Delete	CITY-ST-ZIP	Po		Change	Addition	
TITLE NAME	PERRY, FL 32347 D BYERS, JUNE	☐ Delete	CITY-ST-ZIP	PD June Byer	'\$	Change	☐ Addition	
TITLE NAME STREET ADDRESS	PERRY, FL 32347 D BYERS, JUNE 4259 HARRISON BLVD RD	☐ Delete	CITY-ST-ZIP	PD June Byer 4259 Harr	s ison Blue	Ø Change Rd	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERRY, FL 32347 D BYERS, JUNE 4259 HARRISON BLVD RD PERRY, FL 32347		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	June Byer 4259 HArr Perry, Y	s ison Blue -4 32347	ed		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PERRY, FL 32347 D BYERS, JUNE 4259 HARRISON BLVD RD PERRY, FL 32347 PD	☐ Delete ☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	June Byer 4259 HArr Perry, Y	s ison Blue - <u>L 32347</u>	Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERRY, FL 32347 D BYERS, JUNE 4259 HARRISON BLVD RD PERRY, FL 32347 PD HUNTER, PEGGY		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	June Byer 4259 HArr Perry, Y	ison Blue in the second	ed		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PERRY, FL 32347 D BYERS, JUNE 4259 HARRISON BLVD RD PERRY, FL 32347 PD HUNTER, PEGGY 2765 U.S. 19 NORTH		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	June Byer 4259 HArr Perry, Y	s ison Blue - <u>L 32347</u> ov hter Rd	ed		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERRY, FL 32347 D BYERS, JUNE 4259 HARRISON BLVD RD PERRY, FL 32347 PD HUNTER, PEGGY 2765 U.S. 19 NORTH PERRY, FL 32347	X Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD June Byer 4259 HArr Perry, F Almon Blanto 3671 5/aug Perry, F	s ison Blue -L 32347 ov hter Rd -L 32347	Rd □ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PERRY, FL 32347 D BYERS, JUNE 4259 HARRISON BLVD RD PERRY, FL 32347 PD HUNTER, PEGGY 2765 U.S. 19 NORTH PERRY, FL 32347 D	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	June Byer 4259 HArr Perry, Y	s ison Blue - <u>L 32347</u> ov hter Rd -L 32347	Rd □ Change	Addition	
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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.

CITY-ST-ZIP

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