


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

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90001 025 \*\*\*\*70.00

<b>DOCUMENT # 727972</b>					
1. Entity Name MILL CREEK MISSIONARY BAPTIST CHURCH, INC.					
Principal Place of Business 6019 SR 16 ST. AUGUSTINE, FL 32092-6807 US			Mailing Address 6019 SR 16 ST. AUGUSTINE, FL 32092-6807 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1526486	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BEECHER, DAVID 9470 C.R. 13 NORTH ST. AUGUSTINE, FL 32092			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 12, 2008		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	P	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMSEY, (DONALD)		NAME	DANIEL GRACE	
STREET ADDRESS	4070 RICH ROAD		STREET ADDRESS	268 COUNTY ROAD 207-A	
CITY-ST-ZIP	GREEN COVE SPG., FL		CITY-ST-ZIP	EAST PALATKA, FL, 32131	
TITLE	FVT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEECHER, DAVID		NAME		
STREET ADDRESS	9470 C.R. 13 NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINER, PAUL		NAME		
STREET ADDRESS	3950 S.R 206W		STREET ADDRESS		
CITY-ST-ZIP	ELKTON, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERT, DANNY		NAME		
STREET ADDRESS	3455 OLD MOULTRIE RD		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, GLORIA		NAME		
STREET ADDRESS	4070 RICH RD.		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPGS, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERT, GREG		NAME		
STREET ADDRESS	3304 COASTAL HWY		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL		CITY-ST-ZIP		
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: <i>David Beecher</i>		FVT		DAVID BEECHER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
		5/28/08		904 940 3130	