


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90052 033 \*\*\*\*61.25

<b>DOCUMENT # 730552</b> 1. Entity Name <b>FLORIDA STATE MISSIONARY BAPTIST FOUNDATION, INC.</b>					
Principal Place of Business <b>4645 BAPTIST ISLAND RD. GROVELAND, FL 34736 US</b>			Mailing Address <b>P O BOX 86 GROVELAND, FL 34736 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>23-7412947</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LANIER, CLYDE 456 AVENUE H S.E. WINTER HAVEN, FL 33880</b>				7. Name and Address of New Registered Agent Name <b>BUTTON, EDWIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>8791 CR 631A</b> City <b>BUSHNELL</b> <b>FL</b> Zip Code <b>33513</b>	
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 <i>Edwin D. Button</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>EDWIN D. BUTTON</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>4/16/2007</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD BEATY, KERRY 3505 W. LONE OAK RD PLANT CITY, FL 333567</b> <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	<b>D STRICKLAND, O.L. 329 FORTUNA ST ARCADIA, FL 34266</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>22601 W. LOOP ROAD GROVELAND, FL 34736</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CMGR DOBSON, STEVEN 4645 BAPTIST ISLAND ROAD GROVELAND, FL 34736</b> <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	<b>D KIRKLAND, RAY 21825 TARTAN STREET LEESBURG, FL 34748</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D THORNTON, CHARLIE 2733 WELCOME ROAD LITHA, FL 33547</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BUTTON, EDWIN P.O. BOX 370 WEBSTER, FL 33597</b> <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	<b>TD LANIER, CLYDE 12300 OLD GRADE RD POLK CITY, FL 33868</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD BURRIS, TOM 4709 CHARRO LANE PLANT CITY, FL 33565</b> <input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <i>Edwin D. Button</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>EDWIN D. BUTTON</b>		<b>4/16/2007</b> <small>Date Daytime Phone #</small>	

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04282007 Chg-NP CR2E037 (12/06)