

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90080 023 ****61.25

DOCUMENT # 741522

1. Entity Name
**THE FIRST SEVENTH DAY BAPTIST CHURCH OF GOD
OF PUTNAM COUNTY, FLORIDA, INC.**



Principal Place of Business
**125 CARRAWAY MAIL RT RD
PALATKA, FL 32177 US**

Mailing Address
**535 STATE ROAD 100
PALATKA, FL 32177 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1895582

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACOB, MATTHEW W
4387 RIPKEN CIRCLE WEST
JACKSONVILLE, FL 32224**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **D PRICE, JAMES A.**
STREET ADDRESS **541 STATE RD 100**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE ☐ Delete
NAME **S JACOB, CAROLYN**
STREET ADDRESS **4387 RIPKEN CIR WEST**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Delete
NAME **T FLINT, BONNIE**
STREET ADDRESS **535 STATE ROAD 100**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE ☐ Delete
NAME **D CROUCH, GRACE**
STREET ADDRESS **543 STATE RD 100**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE ☐ Delete
NAME **D FLINT, JOSIAH P JR**
STREET ADDRESS **535 STATE RD 100**
CITY-ST-ZIP **PALATKA, FL 32177**

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
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NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BONNIE FLINT, TREASURER

3/8/07

386 328 8856

Date

Daytime Phone #