

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90023 047 \*\*\*\*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

**40055127**



03252008 Chg-NP CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

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

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME PRICE, JAMES A.  
STREET ADDRESS 541 STATE RD 100  
CITY-ST-ZIP PALATKA, FL 32177

TITLE D ☐ Change ☒ Addition  
NAME GAIL PRICE  
STREET ADDRESS 541 State Road 100  
CITY-ST-ZIP Palatka, FL 32177

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

TITLE D ☐ Change ☒ Addition  
NAME MATTHEW W JACOB  
STREET ADDRESS 4387 Ripken Circle West  
CITY-ST-ZIP Jacksonville, FL 32224

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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**

**3/28/08**

**386 328 8856**

Date

Daytime Phone #