


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 742328	
1. Entity Name PIONEER BAPTIST CHURCH, INC.	

Principal Place of Business 486 BEECHWOOD DR. P O BOX 1270 CRAWFORDVILLE FL 32326	Mailing Address 486 BEECHWOOD DR. P O BOX 1270 CRAWFORDVILLE FL 32326
---	---



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-2885510** ☐ Applied For ☐ Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HALL, DENNIS
6555 CROOKED CREEK RD
TALLAHASSEE FL 32311**

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 _____ (NOTE: Registered Agent signature required when re-registering)

DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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

TITLE	T	<input type="checkbox"/> Delete
NAME	SCHATZMAN, SUSAN	
STREET ADDRESS	105 HICKORY WOOD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	S	<input type="checkbox"/> Delete
NAME	KLING, NICOLE	
STREET ADDRESS	95 WINDSONG CIRCLE SOUTH	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	T	<input type="checkbox"/> Delete
NAME	SLEETH, WYNONA	
STREET ADDRESS	143 LUKE SMITH RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	TT	<input type="checkbox"/> Delete
NAME	KING, CATHY	
STREET ADDRESS	P.O.BOX 1270	
CITY-ST-ZIP	CRAWFORDVILLE FL 32326	
TITLE	T	<input type="checkbox"/> Delete
NAME	WRIGHT, RAYE	
STREET ADDRESS	10768 WOODVILLE HIGHWAY	
CITY-ST-ZIP	TALLAHASSEE FL 32305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

U00000505260

04/26/06-80110-009 61.25

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 _____