

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90018 049 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2885510

Applied For

Not Applicable

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

Dennis Hall

Dennis Hall, Pastor

3/21/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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

T ☐ Delete
NAME: SCHATZMAN, SUSAN
STREET ADDRESS: 105 HICKORY WOOD
CITY ST ZIP: CRAWFORDVILLE FL 32327

S ☐ Delete
NAME: KLING, NICOLE
STREET ADDRESS: 95 WINDSONG CIRCLE SOUTH
CITY ST ZIP: CRAWFORDVILLE FL 32327

I ☒ Delete
NAME: ~~SLEETH, WYNONA~~
STREET ADDRESS: 143 LUKE SMITH RD
CITY ST ZIP: CRAWFORDVILLE FL 32327

TT ☐ Delete
NAME: KING, CATHY
STREET ADDRESS: P.O. BOX 1270
CITY ST ZIP: CRAWFORDVILLE FL 32326

T ☐ Delete
NAME: WRIGHT, RAYE
STREET ADDRESS: 10768 WOODVILLE HIGHWAY
CITY ST ZIP: TALLAHASSEE FL 32305

☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

T ☐ Change ☒ Addition
NAME: KNOTTS, KEITH
STREET ADDRESS: 8711 FREEDOM ROAD
CITY ST ZIP: TALLAHASSEE, FL 32305

☒ Change ☐ Addition
NAME: 115 Roddenberry Sink Road
STREET ADDRESS: 32327
CITY ST ZIP:

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

☐ 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 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:

Cathy C. King

CATHY C. KING

03/25/07

850
926-2718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #