2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State
05-15-2008 90026 015 ****61.25

DOCUMENT # 742328

1. Entity Name

PIONEER BAPTIST CHURCH, INC.

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

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
486 BEECHWOOD DR.	486 BEECHWOOD DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CRAWFORDVILLE, FL	City & State: CRAWFORDVILLE, FL
Zip: 32327 Country: USA	Zip: 32327 Country: USA

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	7. Name and Address of New Registered Agent
HALL, DENNIS 6555 CROOKED CREEKED RD TALLAHASSEE FL 32311	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, PASTOR 4/28/08
Signature, type or print name of registered agent and, if applicable, capacity/position (NOTE: Registered Agent signature required where indicated) DATE

FILE NOW: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHATZMAN, SUSAN 105 HICKORY WOOD CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP BETTY CLOVER TRUSTEE 486 EAST IVAN ROAD CRAWFORDVILLE, FL 32327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KLING, NICOLE 95 WINDSONG CIRCLE SOUTH CRAWFORDVILLE FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP MARY KNOTTS Secretary 8711 FREEDOM ROAD TALLAHASSEE, FL 32305	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KING, CATHY 115 RODDENBERRY SINK ROAD CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP KEITH KNOTTS 8711 FREEDOM ROAD TRUSTEE TALLAHASSEE, FL 32305	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WRIGHT, RAYE 10768 WOODVILLE HIGHWAY TALLAHASSEE FL 32305	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KNOTTS, KEITH 874 FREEDOM ROAD TALLAHASSEE FL 32305	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Dennis Hall 4/28/08 850-413-2145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jim Hall 6/3/08 850-413-2145