

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

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90043 041 \*\*\*\*70.00

**DOCUMENT # 748570**

1. Entity Name

PINECREST BAPTIST CHURCH OF SANFORD



Principal Place of Business

601 E AIRPORT BLVD  
SANFORD FL 32773

Mailing Address

601 E AIRPORT BLVD  
SANFORD FL 32773

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

59-0830749

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

REHRER, WILLIAM H JR  
353 GOLF COVE COURT  
SANFORD FL 32772

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 registering)

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

TITLE	PD- <input checked="" type="checkbox"/> Delete
NAME	WELCH, J. EARL
STREET ADDRESS	205 LARKWOOD DRIVE
CITY- ST- ZIP	SANFORD FL 32771
TITLE	D <input type="checkbox"/> Delete
NAME	PENDLETON, ANNA
STREET ADDRESS	765 OAK WAY
CITY- ST- ZIP	SANFORD FL
TITLE	VFD <input type="checkbox"/> Delete
NAME	HUNT, CARROLL
STREET ADDRESS	220 KRIDER ROAD
CITY- ST- ZIP	SANFORD FL 32773
TITLE	PD- <input type="checkbox"/> Delete
NAME	REHRER JR., WILLIAM H
STREET ADDRESS	353 GOLF COVE CT
CITY- ST- ZIP	SANFORD FL 32773
TITLE	<i>Poff, Martha</i> <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	Rehrer Jr., William H
CITY- ST- ZIP	353 Golf Cove Court Sanford, FL 32773
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Poff, Martha
STREET ADDRESS	2637 French Ave,
CITY- ST- ZIP	Sanford, FL 32773
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T
STREET ADDRESS	Lillian Rison
CITY- ST- ZIP	703 Wynn Drive Sanford, FL 32773

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:**

*William H. Rehrer, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/07 407-322-3737