

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

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90047 013 \*\*\*\*61.25

**DOCUMENT # 751144**

1. Entity Name

MT. NEBO MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

1/2 MI W. OF U.S. 129 ON ST. RD. 340  
TWO MILES NORTH OF BELL  
BELL FL

Mailing Address

1/2 MI W. OF U.S. 129 ON ST. RD. 340  
TWO MILES NORTH OF BELL  
BELL FL



2. Principal Place of Business - No P.O. Box #

4200 NW CR 340

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 429

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

Bell, FL

City & State

Bell, FL

4. FEI Number

59-1558800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

CORBIN, JIMMY R  
377 NW DECATUR RD  
MAYO FL 32066

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 (not 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

TITLE	SD	<input type="checkbox"/> Delete
NAME	COOPER, KATHLEEN	
STREET ADDRESS	1638 NE 340 HWY	
CITY - ST - ZIP	BRANFORD FL 32008	
TITLE	P	<input type="checkbox"/> Delete
NAME	RANKIN, ROBERT	
STREET ADDRESS	5329 NW 37TH COURT	
CITY - ST - ZIP	BELL FL 32619	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HURST, DEBRA	
STREET ADDRESS	1340 NW 73RD WAY	
CITY - ST - ZIP	BELL FL 32619	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KASTROSKY, JIM	
STREET ADDRESS	3629 NW 67TH TERRACE	
CITY - ST - ZIP	BELL FL 32619	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOWNSEND, CLYDE	
STREET ADDRESS	6840 N US HWY 129	
CITY - ST - ZIP	BELL FL 32619	
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	
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	
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:

*Robert G. Rankin* Robert G. Rankin President 1/24/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-221-4595