

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 762809**

1. Entity Name  
**PLEASANT RIDGE BAPTIST CHURCH, INC.**



Principal Place of Business  
**1015 PLEASANT ROAD  
DEFUNIAK SPRINGS, FL 32435 US**

Mailing Address  
**1015 PLEASANT ROAD  
DEFUNIAK SPRINGS, FL 32435 US**



02062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2338553**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**THOMAS, RACHEL C  
627 PLEASANT RIDGE RD  
DEFUNIAK SPRINGS, FL 32435**

**DO NOT WRITE  
IN THIS SPACE**

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 resigning)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TTR  
CRIM, BETTY N  
2598 BOB SIKES RD  
DEFUNIAK SPRINGS, FL 32435**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STR  
THOMAS, RACHEL C  
627 PLEASANT RIDGE RD  
DEFUNIAK SPRINGS, FL 32435**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTR  
MITCHEM, JODY  
12 MITCHEM RD  
DEFUNIAK SPRINGS, FL 32435**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTR  
VOGEL, O. PAUL  
2652 CORBIN GAINES ROAD  
DEFUNIAK SPRINGS, FL 32435**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000623488  
02/19/07-80002-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*Betty N. Crim*

*Betty N. Crim*

*2-7-07*

*(850) 892-5867*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #