# 2006 NOT-FOR-PROFIT CORPORATION ANNUAE REPORT

## ANNUAL REPORT

#### **DOCUMENT #763280**

PIONEER BAPTIST CHURCH OF VERO BEACH, INC.



FILED Apr 06, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

175 OLD DIXIE HICHWAY VERO BEACH, FL 32962 175 OLD DIXIE HIGHWAY VERO BEACH, FL 32962



### DO NOT WRITE IN THIS SPACE

03082006 No Chg-NP C

CR2E037 (11/05)

4. FEI Number 52-1343881

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

RICHARD, GAFFNEY 195 16TH AVE. VERO BEACH, FL 32962

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| 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 |
|----|-----|---|
|    |     | obligations of registered agent.  |

SIGNATURE

Sometime, typed or printed name of registered spent and title if applicable.

(NOTE: flegistered Agent signature required when reinstalling)

 $\Gamma$ 

DATE

Filing Fee is \$61.25 Due by May 1, 2006 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000495178 04/20/06-80074-025 61.25

OFFICERS AND DIRECTORS 10. TILE NAME BARFIELD, JERRY STREET ADDRESS 1860 15TH ST. SW CHY-SI-ZIP VERO BEACH, FL 32963 KILE NAME JONES, GAIL STREET ADDRESS 1435 4TH LANE CITY-SI-ZP VERO BEACH, FL 32962 DRE NAME GAFFNEY, RICHARD STREET ADDRESS 195 16TH AVENUE CITY-ST-ZIP VERO BEACH, FL 32952 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 it 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment-pritty an address, with all other like empowered.

SIGNATURE:

CATY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8.06

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