

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 770516**

1. Entity Name  
MT. HOREB MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business  
12 MILES WEST OF HIGH SPRINGS  
SR 340  
HIGH SPRINGS, FL 32643 US

Mailing Address  
6760 NE 55 AVE  
HIGH SPRINGS, FL 32643 US



04102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2398060

Applied For  
Not Applicable

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

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

THOMAS, JOHNNY  
3729 NE SR 47  
HIGH SPRINGS, FL 32643

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	THOMAS, JOHNNY
STREET ADDRESS	3729 NE SR 47
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	D
NAME	PITTENGER, JIM
STREET ADDRESS	3096 NE 48TH AVE
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	TSD
NAME	VELMA, OSTEEN
STREET ADDRESS	6760 NE 55 AVE
CITY-ST-ZIP	HIGH SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000532982  
05/06/06-80108-003 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: Velma Osteen 4-23-06 (386) 454-2861  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #