
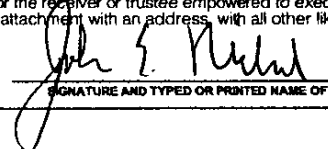


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90059 033 \*\*\*\*61.25

<b>DOCUMENT # N00000001725</b> 1. Entity Name REFORMATION BAPTIST CHURCH, INC.					
Principal Place of Business 5611 LENDL COURT LEESBURG, FL 34748			Mailing Address PO BOX 149 TAVARES, FL 32778		
2. Principal Place of Business - No P.O. Box # 135 N. Grove Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Eustis, FL			City & State		
Zip 32726		Country USA		4. FEI Number 59-3619564	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  JONES, GORDON 5611 LENDL COURT LEESBURG, FL 34748			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	D BAILEY, DAVID W PASTOR	<input type="checkbox"/> Delete	TITLE	2631 Lake Landing Blvd Eustis, FL 32726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3350 LAUREL DRIVE		NAME		
STREET ADDRESS	MOUNT DORA, FL 32757		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D JONES, GORDON	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5611 LENDL COURT		NAME		
STREET ADDRESS	LEESBURG, FL 34748		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D NICHOL, JOHN	<input type="checkbox"/> Delete	TITLE	5657 DORA DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1760 EDGEWATER DRIVE		NAME	MOUNT DORA, FL 32757	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> 			9 Jan 2007 352 455-1044		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		