

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

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

01-31-2007 90047 011 ****61.25

DOCUMENT # N00000002321

1. Entity Name

LEONIA BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

1124 GILLMAN ROAD
WESTVILLE FL 32464

1124 GILLMAN ROAD
WESTVILLE FL 32464

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3494067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILKERSON, ROBERT G
1589 HIGHWAY 185
WESTVILLE FL 32464

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 and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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

T ☐ Delete
NAME: WILKERSON, ROBERT G
STREET ADDRESS: 1589 HWY 185
CITY ST / ZIP: WESTVILLE FL 32464

T ☐ Delete
NAME: STANLEY, PERRY
STREET ADDRESS: 1182 HWY 2
CITY ST / ZIP: WESTVILLE FL 32464

T ☐ Delete
NAME: STAFFORD, JIMMY
STREET ADDRESS: 1620 HOLMES RD.
CITY ST / ZIP: WESTVILLE FL 32464

T ☐ Delete
NAME: LOCKE, ROBERT
STREET ADDRESS: 1373 LINE DR.
CITY ST / ZIP: PONCE DE LEON FL 32455

☐ Delete
NAME:
STREET ADDRESS:
CITY ST / ZIP:

☐ Delete
NAME:
STREET ADDRESS:
CITY ST / ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST / ZIP:

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST / ZIP:

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST / ZIP:

☒ Change ☐ Addition
NAME: 1947 Hwy 181
STREET ADDRESS: Westville, FL 32464
CITY ST / ZIP:

☐ Change ☒ Addition
NAME: T William Watson
STREET ADDRESS: 1629 Co Hwy 181-C
CITY ST / ZIP: Ponce de Leon, FL 32455

☐ Change ☐ 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 Wilkerson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-07 850-956-2693