
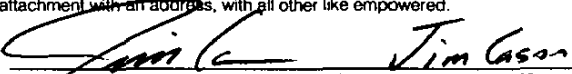


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90021 016 \*\*\*\*61.25

<b>DOCUMENT # N00000005832</b>					
1. Entity Name <b>MORRISTON BAPTIST CHURCH, INC.</b>					
Principal Place of Business 20291 SE 33RD ST MORRISTON, FL 32668		Mailing Address 20291 SE 33RD ST MORRISTON, FL 32668			
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	4. FEI Number <b>59-2704734</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CASON, JIM</b> 20750 E LEVY STREET WILLISTON, FL 32696				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALT, WEEKS		NAME	Herbert Rehberg	
STREET ADDRESS	35651 SE CR 539		STREET ADDRESS	2851 SE 200th Ave	
CITY-ST-ZIP	MORRISTON, FL 32668		CITY-ST-ZIP	Morrison FL 32668	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMANN, EARL		NAME		
STREET ADDRESS	2590 SE 150TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MORRISTON, FL 32668		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, CLARENCE		NAME		
STREET ADDRESS	11750 SE 25TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MORRISTON, FL 32668		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, JETTIE G		NAME		
STREET ADDRESS	18551 SE 30TH ST / PO BOX 223		STREET ADDRESS		
CITY-ST-ZIP	MORRISTON, FL 32668		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASON, JIM		NAME		
STREET ADDRESS	20750 E. LEVY ST.		STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL 32696		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, PUTMAN		NAME	Beth L Baker	
STREET ADDRESS	1550 SE 185TH AVE		STREET ADDRESS	15631 NE 46th St	
CITY-ST-ZIP	WILLISTON, FL 32696		CITY-ST-ZIP	Williston FL 32696	
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: 			Date: 2-16-07		Daytime Phone #: 352-528-6237
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

60017261



02162007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2704734

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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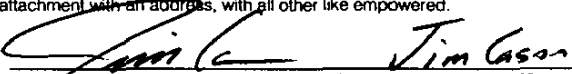
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SIGNATURE:  Date: 2-16-07 Daytime Phone #: 352-528-6237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #