

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001667

FILED  
Jul 16, 2007  
Secretary of State

**Entity Name:** LANDMARK MISSIONARY BAPTIST CHURCH OF MASCOTTE, INC.

**Current Principal Place of Business:**

119 E. MOHAWK  
MASCOTTE, FL 34753

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 593  
GROVELAND, FL 34736

**New Mailing Address:**

**FEI Number:** 59-3687359      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PATTERSON, DEBBIE  
12609 GOPHERBROKE RD.  
GROVELAND, FL 34736 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PATTERSON, LARRY  
Address: 12609 GOPHERBROKE RD.  
City-St-Zip: GROVELAND, FL 34736

Title: D ( ) Delete  
Name: PATTERSON, DEBBIE  
Address: 12609 GOPHERBROKE RD.  
City-St-Zip: GROVELAND, FL 34736

Title: D (X) Delete  
Name: PATTERSON, GARY L  
Address: 447 E. SUNSET ST.  
City-St-Zip: GROVELAND, FL 34736

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE PATTERSON

CLER

07/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date