2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000006485

1. Entity Name
APALACHEE BAPTIST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16646 SE PEAR STREET BLOUNTSTOWN, FL 32424	P.O. BOX 847 BLOUNTSTOWN, FL 32424

DO NOT WRITE IN THIS SPACE

05022008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3630422

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, CLYDE N
7871 NW RIVER ROAD
BRISTOL, FL 32321

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

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

UD000094555C
06/03/08-80082-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBERTS, CLYDE N
STREET ADDRESS	7871 NW RIVER ROAD
CITY-ST-ZIP	BRISTOL, FL 32321
TITLE	C
NAME	REVELL, CATHRY B
STREET ADDRESS	P.O. BOX 926
CITY-ST-ZIP	BRISTOL, FL 32321
TITLE	T
NAME	GUILFORD, FRANK JR
STREET ADDRESS	16646 SE PEAR STREET
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Frank Guilford 5/2/08 850-674-9601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #