

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000006210**

1. Entity Name  
**PEACEFUL ASSURANCE BAPTIST CHURCH, INC.**



Principal Place of Business  
**20263 SW MAGNOLIA  
BLOUNTSTOWN, FL 32424**

Mailing Address  
**POB 506  
MARIANNA, FL 32447**



01092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3627820</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**BUSINESS FILINGS INC  
1203 GOVERNORS SQUARE  
SUITE 101  
TALLAHASSEE, FL 32301-2960**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNOWLES, JEANNIE 20263 SW MAGNOLIA BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SMITH, SANDRA C 4287 FIELDSTONE CT MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, WAYNE 4287 FIELDSTONE CT MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEACOCK, CAROLYN 4387 SOUTH ST MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/14/08-80004-018 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Gardner C. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 9 2008* *850-526-7685*  
Date Daytime Phone #