

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

**FILED**  
**Jan 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000001377**

1. Entity Name  
**THE UNITED PENTECOSTAL CHURCH OF DARLINGTON,  
FLORIDA, INC.**



Principal Place of Business  
**440 WEST ORANGE AVENUE  
DEFUNIAK SPRINGS, FL 32435**

Mailing Address  
**POST OFFICE BOX 690  
DEFUNIAK SPRINGS, FL 32435**



01032007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0522417**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

**DAVIS, MARK D  
694 BALDWIN AVENUE  
SUITE 1  
DEFUNIAK SPRINGS, FL 32435**

**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, 2007**

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	P KING, DAVID W 142 HURLEY DRIVE DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T JOHNSON, KRISTINA A 255 RUCKEL DR DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSHNG, HILTON R 252 NORTH FIFTH STREET DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, JAMES G 130 ALTHEA LANE DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCINTOSH, BOBBY POST OFFICE BOX 176 PAXTON, FL 32638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000576941  
01/05/07-80006-016 61.25

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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:** *David W King*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/2/07*

Date

*(850) 892-7882*

Daytime Phone #