# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 03, 2005 8:00 am**
**Secretary of State**
01-28-2005 90028 028 ****61.25

66003358

1st MOORE CR2E037 (10/04)

DOCUMENT # N03000006157

1. Entity Name

PINE GROVE BAPTIST CHURCH, S.B.C. OF QUINCY, FL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 439 JAMES H SHEPARD RD<br>QUINCY FL 32351 | 439 JAMES H SHEPARD RD<br>QUINCY FL 32351 |

2. Principal Place of Business: 837 Pine Grove Baptist Ch Rd
Suite, Apt. #, etc.
City & State: Quincy, Fla
Zip: 32351 Country: Gadsden

3. Mailing Address: Same as 439 James H Shepard
Suite, Apt. #, etc.
City & State: Quincy Fla
Zip: 32351 Country: Gadsden

4. FEI Number: 59-2402294 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHEPARD, ROGER D
739 JAMES H SHEPARD RD
QUINCY FL 32351

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MEARS, BILL<br>439 JAMES H SHEPARD RD<br>QUINCY FL 32351 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HOGAN, LINDA<br>439 JAMES H SHEPARD RD<br>QUINCY FL 32351 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HINDMAN, JAME H<br>439 JAMES H SHEPARD RD<br>QUINCY FL 32351 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHEPARD, ROGER<br>739 JAMES H SHEPARD RD<br>QUINCY FL 32351 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** James A Sanderson 1-18-05 850 442 4426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #