

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000006157

1. Entity Name

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



Principal Place of Business

897 PINEGROVE BAPT CH RD
QUINCY FL 32351

Mailing Address

439 JAMES H SHEPARD RD
QUINCY FL 32351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2402204

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

Signature, types or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEARS, BILL	
STREET ADDRESS	439 JAMES H SHEPARD RD	
CITY- ST- ZIP	QUINCY FL 32351	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOGAN, LINDA	
STREET ADDRESS	439 JAMES H SHEPARD RD	
CITY- ST- ZIP	QUINCY FL 32351	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HINDMAN, JAMES H	
STREET ADDRESS	439 JAMES H SHEPARD RD	
CITY- ST- ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPARD, ROGER	
STREET ADDRESS	739 JAMES H SHEPARD RD	
CITY- ST- ZIP	QUINCY FL 32351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
000000401358	
02/02/06-80041-005 61.25	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.