

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006157

FILED  
Jun 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

837 PINEGROVE BAPT CH RD  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

439 JAMES H SHEPARD RD  
QUINCY, FL 32351

**New Mailing Address:**

FEI Number: 59-2402204      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD (X) Delete  
Name: HOGAN, LINDA  
Address: 439 JAMES H SHEPARD RD  
City-St-Zip: QUINCY, FL 32351

Title: TD ( ) Delete  
Name: HINDMAN, JAMES H  
Address: 439 JAMES H SHEPARD RD  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: SHEPARD, ROGER  
Address: 739 JAMES H SHEPARD RD  
City-St-Zip: QUINCY, FL 32351

Title: PD ( ) Delete  
Name: MARTIN HEDDLE, THOMAS  
Address: 438 JAMES W SHEPARD RD  
City-St-Zip: QUINCY, FL 32351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TS (X) Change ( ) Addition  
Name: HINDMAN, JAMES H  
Address: 439 JAMES H SHEPARD RD  
City-St-Zip: QUINCY, FL 32351

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: FOLSOM, HOWARD  
Address: 438 JAMES H SHEPARD RD  
City-St-Zip: QUINCY, FL 32351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER SHEPARD

D

06/23/2009

Electronic Signature of Signing Officer or Director

Date