

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90016 031 ****70.00

DOCUMENT # N04000008031

1. Entity Name

SAN PEDRO BAPTIST CHURCH, INC.



Principal Place of Business

4420 SAN PEDRO RD.
PERRY FL 32347

Mailing Address

P. O. BOX 1794
PERRY FL 32348

2. Principal Place of Business - No P.O. Box #

4420 San Pedro Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1794

Suite, Apt. #, etc.

City & State

Perry, Florida

Zip

32347

Country

Taylor

City & State

Perry, Florida

Zip

32348

Country

Taylor

4. FEI Number

59-3173780

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

TAYLOR, NINA
2677 E. ELLISON RD.
PERRY FL 32348

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

Nina Taylor

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

Treasurer

(NOTE: Registered Agent signature required when reinstating)

3-17-07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: T ☐ Delete
NAME: PADGETT, JOHN
STREET ADDRESS: 270 MCKINLEY-MADDOX RD.
CITY-ST-ZIP: PERRY FL 32348

TITLE: T ☐ Delete
NAME: TAYLOR, GEORGE
STREET ADDRESS: 2677 E. ELLISON RD.
CITY-ST-ZIP: PERRY FL 32348

TITLE: T ☐ Delete
NAME: JACKSON, JIM
STREET ADDRESS: 2795 WARD RD.
CITY-ST-ZIP: PERRY FL 32348

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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.

SIGNATURE:

Nina Taylor / Nina Taylor-Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-07

Date

(850) 584-3581

Daytime Phone #