

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000008464

1. Entity Name
PRISCILLA BAPTIST CHURCH, INC.



Principal Place of Business
**5509 SW COUNTY ROAD 232
BELL, FL 32619**

Mailing Address
**5509 SW COUNTY ROAD 232
BELL, FL 32619**



01122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2357458

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, SR, ROY M
9539 SE COUNTY ROAD 319
TRENTON, FL 32693**

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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
**D
CARTER, BETTY A
1051 NW COUNTY ROAD 345
CHIEFLAND, FL 32628**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FULLEN, LAURA
10560 SE 25TH AVENUE
TRENTON, FL 32693**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILSON, SR., ROY M
9539 SE COUNTY ROAD 319
TRENTON, FL 32693**

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CITY-ST-ZIP

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CITY-ST-ZIP

U00000642428
03/01/07-80043-009 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: *ROY M. WILSON JR. Roy M. Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19-07 *352-2463-2123*
Date Daytime Phone #