

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 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



01082008 No Chg-NP

CR2E037 (4/06)

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARTER, BETTY A
STREET ADDRESS	1051 NW COUNTY ROAD 345
CITY-ST-ZIP	CHIEFLAND, FL 32626
TITLE	D
NAME	FULLEN, LAURA
STREET ADDRESS	10560 SE 25TH AVENUE
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	D
NAME	WILSON, SR., ROY M
STREET ADDRESS	9539 SE COUNTY ROAD 319
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #