


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000010352 1. Entity Name SUWANNEE MISSIONARY BAPTIST ASSOCIATION INC	
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Principal Place of Business 1747 SOUTH WALKER AVE LIVE OAK, FL 32064	Mailing Address 1747 SOUTH WALKER AVE LIVE OAK, FL 32064
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05072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2212349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SULLIVAN, S.C.
1747 S WALKER AVE
LIVE OAK, FL 32060

**DO NOT WRITE
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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MINSHEW, DONALD
STREET ADDRESS	298 SW CREST GLEN
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	D
NAME	MCKEITHEN, DAVID
STREET ADDRESS	5081 CR 795 N
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	PICKLES, WYNEMA
STREET ADDRESS	20961 LANCASTER RD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	T
NAME	SULLIVAN, S C
STREET ADDRESS	PO BOX 303
CITY-ST-ZIP	LIVE OAK, FL 32064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/07-80020-003 61.25

**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:

Wynema M Pickles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/07
Date

386-362-1110
Daytime Phone #