FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05020

(5)

PEDRO BAPTIST CHURCH, INC

FILED May 05 1998 8:00am Secretary of State

reuno	barioi chunch, inc.				
Principal Place	of Business	Mailing Address			
MMACDONALD SINARD 1900 SOUTHEAST HIGHWAY 42 SUMMERFIELD FL 34491		MMACDONALD SINARD 1980 SOUTHEAST HIGHWAY 42 SUMMERFIELD FL 34491			3. Date incorporated or Qualified 09/06/1984 4. FEI Number Applied For
US		US			59-1379719 Not Applicable
2. Principal Pt	ace of Business	2a. Mailing Address			Certificate of Status Desired
Suite, Apt. (#, etc.	Suite, Apt. #, etc.	<u></u>		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Count	lry	8. This corporation owes or has paid the current year Intangible
24	25	29}	30	 .	Personal Property Tax due June 30. Yes 🔀 No
	9. Name and Address of Curre	nt Registered Agent	}	1 Name	10. Name and Address of New Registered Agent
ANIADO	****		[1	
1990 SÓ	MACDONALD JUTHEAST HIGHWAY 42		Ľ	Street Add	ress (P.O. Box Number is Not Acceptable)
SUMMER	RFIELD FL 32691		L	4 City	85 Zip Code
	·				
office or re agent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida Statut a of Florida. Such change was : pations of, Section 617.0503, Fl	tes, the abo authorized orida Statu	ove-named corpora by the corpora tes.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	600	(F. D (A) A		ired when reinstating) DATE
12.		ID DIRECTORS	13.	- Ben a the service redu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITL	E	☐ Change ☐ Addition
NAME	MANN, JM		1.2 NAM	IE	
STREET ADDRESS	16799 SE HIGHWAY 475		1.3 STR	EET ADDRESS	
CITY - ST - ZIP	SUMMERFIELD FL 34491		1,4 City	r-ST-ZIP	
TITLE	VD .	DELETE	2.1 TITL	E	☐ Change ☐ Addition
NAME	CRENSHAW, LARRY		2.2 NAM	NE (
STREET ADDRESS	735 SE 170TH STREET		2.3 STR	EET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL 34491		2. 4 CIT	Y-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITL	E]	L_1 Change L_1 Addition
NAME	MUSIC, DEAN		3.2 NAM	·]	
STREET ADDRESS	1560 SE 145TH STREET			EET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL 34491	DELETE		Y-ST-ZIP	☐ Change ☐ Addition
TITLE			4.1 TITL	· .	☐ cusude ☐ vonitor
NAME CTREET APPROACE			4. 2 NAI		
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP		DELETE	5.1 T/TL	r-ST-ZVP	☐ Change ☐ Addition
NAME			5.2 NAA		per Country
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP			L	f-ST-ZIP	
TITLE		DELETE	6.1 TITL		Change Addition
NAME		-	B.2 NAA	ı	· · ·
STREET ADDRESS	•			EET ADDRESS	
CITY-ST-ZIP	L		6.4 CIT	r-ST-ZIP	
14. 1 hereby c	certify that the information supplied	with this filing does not qualify t			n Section 119.07(3)(i), Florida Statutes. I further certify that the Information ure shall have the same legal effect as if made under oath; that I am an
Officer of	director of the corporation or the rec	ceiver or trustee emblowered to	execute th	is report as rec	ure shall have the same legal effect as it made under oath; that I am an quired by Chapter 617, Florida Statutes; and that my name appears in