


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05020**  
 1. Entity Name  
 PEDRO BAPTIST CHURCH, INC.



Principal Place of Business %MACDONALD SINARD 1990 SOUTHEAST HIGHWAY 42 SUMMERFIELD, FL 34491 US	Mailing Address %MACDONALD SINARD 1990 SOUTHEAST HIGHWAY 42 SUMMERFIELD, FL 34491 US
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**DO NOT WRITE IN THIS SPACE**



04082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1379719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SINARD, MACDONALD  
 1990 SOUTHEAST HIGHWAY 42  
 SUMMERFIELD, FL 32691

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	VD CRENSHAW, LARRY 735 SE 170TH STREET SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PROCTOR, ARTHUR G 1000 SE 155TH ST SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BAILLIE, DAVE 17255 SE 19TH CT SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000300221  
 04/12/05-80008-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Larry Crenshaw Larry Crenshaw 4/9/05 3522452844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #