

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90140 010 ****61.25



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

4000



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04022006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
 59-1379719

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 SINARD, MACDONALD
 1990 SOUTHEAST HIGHWAY 42
 SUMMERFIELD, FL 32691

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	CRENSHAW, LARRY	
STREET ADDRESS	735 SE 170TH STREET	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PROCTOR, ARTHUR G	
STREET ADDRESS	1000 SE 155TH ST	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BAILLIE, DAVE	
STREET ADDRESS	17255 SE 19TH CT	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tahlier, Jon	
STREET ADDRESS	9665 SE 146th Pl	
CITY-ST-ZIP	Summerfield, FL 34491	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Larry Crenshaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/06 352245-5920
Date Daytime Phone #