


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N05020 1. Entity Name PEDRO BAPTIST CHURCH, INC.	
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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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06242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1379719	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

SINARD, MACDONALD
 1990 SOUTHEAST HIGHWAY 42
 SUMMERFIELD, FL 32691

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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 September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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 TAHLIER, JON 9665 SE 146TH PL SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/06/07-80002-017 61.25

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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 Larry Crenshaw 6/24/07 352 245-2844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #