

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90021 024 \*\*\*\*61.25

**DOCUMENT # N05053**

1. Entity Name

**SOUTH BEACH BAPTIST CHURCH, INC.**



Principal Place of Business

Mailing Address

1717 GULFSTREAM AVENUE  
FT. PIERCE FL 34949

1717 GULFSTREAM AVENUE  
FT. PIERCE FL 34949



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0227744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PULLIAM, DALLAS  
1926 SW GOLD LANE  
PORT ST LUCIE FL 34953

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	PD	<input type="checkbox"/> Delete
NAME	PULLIAM, DALLAS	
STREET ADDRESS	1926 SW GOLD LANE	
CITY-STATE-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERITHEW, RONALD	
STREET ADDRESS	P.O. BOX 12853	
CITY-STATE-ZIP	FORT PIERCE FL 34979-2853	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PATTERSON, MARY	
STREET ADDRESS	3901 ALEXANDRIA CIRCLE	
CITY-STATE-ZIP	FT. PIERCE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FERGUSON, DAVID	
STREET ADDRESS	P.O. BOX 12781	
CITY-STATE-ZIP	FORT PIERCE FL 34979-2781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Zip Code Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	only 34953	
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	Zip Code Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	only 34982	
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Dallas E Pulliam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-07 772 871-2715

Date

Daytime Phone #