

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90036 001 ****61.25

DOCUMENT # N06000008560					
1. Entity Name ELIZABETH MISSIONARY BAPTIST CHURCH OF ORANGE MILLS, INC.					
Principal Place of Business 117 GLADYS AVE EAST PALATKA, FL 32131			Mailing Address 117 GLADYS AVE EAST PALATKA, FL 32131		
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	01102007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-5713922				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KAYMORE, SR., LEE R 117 GLADYS AVE EAST PALATKA, FL 32131			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 reappointing) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME REV. LEE ROY KAYMORE SR <input type="checkbox"/> Delete		TITLE TRUSTEE	NAME JOHN MORGAN <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 117 GLADYS AVENUE	CITY-ST-ZIP EAST PALATKA, FL 32131		STREET ADDRESS 300 S. 14TH STREET	CITY-ST-ZIP PALATKA, FL 32177	
TITLE VPD	NAME JOHN MORGAN <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 300 S. 14TH STREET	CITY-ST-ZIP PALATKA, FL 32177		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SD	NAME CHARLIE M. DENEGAL <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 1976 SATINWOOD STREET	CITY-ST-ZIP BUNNELL, FL 32110		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TD	NAME BESSIE CALLOWAY <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 147 WALDON ROAD	CITY-ST-ZIP EAST PALATKA, FL 32131		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TRUSTEE	NAME CURITUS LOWE <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 6401 ST. JOHNS AVE.APT 161	CITY-ST-ZIP PALATKA, FL 32177		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TRUSTEE	NAME ARTHUR MERRITT <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 112 KELLY STREET	CITY-ST-ZIP EAST PALATKA, FL 32131		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: <u>Lee Roy Kaymore Sr</u> <u>Lee Roy Kaymore Sr</u>			Date 1-15-07 Daytime Phone # 386-576-5794		