

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90073 033 \*\*\*\*61.25

**DOCUMENT # N10164**

1. Entity Name

PINEMOUNT BAPTIST CHURCH OF MCALPIN, FLORIDA,  
INC.



Principal Place of Business

PINEMOUNT BAPTIST CHURCH  
MCALPIN FL 32062  
US

Mailing Address

P.O. BOX 129  
MCALPIN FL 32062  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1952835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAWTHORNE, LLOYD C.  
103 UNION AVENUE  
LIVE OAK FL

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

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, 2005**

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 D ☐ Delete  
NAME DOUGLAS, CHIP  
STREET ADDRESS 11712 156 ST.  
CITY-ST-ZIP MC ALPIN FL 32062

TITLE D ☒ Delete  
NAME VANN, PETE  
STREET ADDRESS PO BOX 55, NA  
CITY-ST-ZIP MCALPIN FL *DECEASED*

TITLE S ☐ Delete  
NAME FENNELL, PATRICIA R  
STREET ADDRESS 13555 188TH STREET  
CITY-ST-ZIP MC ALPIN FL 32062

TITLE D ☐ Delete  
NAME CROFT, LARRY  
STREET ADDRESS 14668 US 129 S.  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE T ☐ Delete  
NAME HERRING, E. DIANNE  
STREET ADDRESS 18685 81ST ROAD  
CITY-ST-ZIP MC ALPIN FL 32062

TITLE D ☐ Delete  
NAME GOFF, JERRY  
STREET ADDRESS 10379 168 ST  
CITY-ST-ZIP MC ALPIN FL 32062

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *DECEASED* ☐ Change ☒ Addition  
NAME *D. Ty Robinson*  
STREET ADDRESS *9992 184th Street*  
CITY-ST-ZIP *MCALPIN, FL 32062*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*E. Dianne Herring* **E. DIANNE HERRING TREASURER (386)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/6/2005 4876