2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N10164

Entity Name: PINEMOUNT BAPTIST CHURCH OF MCALPIN, FLORIDA, INC.

Current Principal Place of Business:

PINEMOUNT BAPTIST CHURCH
17031 US 129 SOUTH
MCALPIN, FL 32062 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 129
MCALPIN, FL 32062 US

New Mailing Address:

FEI Number: 59-1952835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAWTHORNE, LLOYD C.
103 UNION AVENUE
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DOUGLAS, CHIP,
Address: 11712 156 ST.
City-St-Zip: MC ALPIN, FL 32062

Title: D ( ) Delete
Name: ROBINSON, D. TY
Address: 4992 184TH STREET
City-St-Zip: MC ALPIN, FL 32062

Title: S ( ) Delete
Name: FENNELL, PATRICIA R
Address: 13555 188TH STREET
City-St-Zip: MC ALPIN, FL 32062

Title: D ( ) Delete
Name: CROFT, LARRY,
Address: 14668 US 129 S.
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete
Name: HERRING, E. DIANNE
Address: 18685 81ST ROAD
City-St-Zip: MC ALPIN, FL 32062

Title: D ( ) Delete
Name: GOFF, JERRY,
Address: 10379 168 ST
City-St-Zip: MC ALPIN, FL 32062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. DIANNE HERRING TREA 04/28/2008

Electronic Signature of Signing Officer or Director — Date