
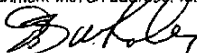


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90081 022 \*\*\*\*61.25

<b>DOCUMENT # N12724</b> 1. Entity Name <b>NEW RIVER BAPTIST ASSOCIATION, INC.</b>					
Principal Place of Business <b>18435 US HWY 301 NORTH</b> <b>PO BOX 358</b> <b>STARKE, FL 32091 US</b>			Mailing Address <b>NEW RIVER BAPTIST ASSOC.</b> <b>P.O. BOX 358</b> <b>STARKE, FL 32091 US</b>		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>COOPER, JOHN</b> <b>100 W. CALL ST.</b> <b>STARKE, FL 32091</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNELL, JIM		NAME	DANNY BOYD	
STREET ADDRESS	5520 LODGE RD.		STREET ADDRESS	597 MAGNOLIA AVE	
CITY- ST- ZIP	KEYSTONE HEIGHTS, FL 32656		CITY- ST- ZIP	BALDWIN, FL. 32234	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, DAN		NAME	JERRY GESSAL	
STREET ADDRESS	6289 MARY DOT LANE		STREET ADDRESS	22699 NE 148TH TRAIL	
CITY- ST- ZIP	STARKE, FL 32091		CITY- ST- ZIP	RAIFORD, FL. 32083	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEY, TOM		NAME		
STREET ADDRESS	21248 NW SR 16		STREET ADDRESS		
CITY- ST- ZIP	STARKE, FL 32091		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKESLEE, TERRY		NAME		
STREET ADDRESS	513 E. WASHINGTON ST		STREET ADDRESS		
CITY- ST- ZIP	STARKE, FL 32091		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: 		TOM WHALEY		1-18-07	904 964-8340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40003421



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1283830

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**Filing 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 checked="" type="checkbox"/> Delete
NAME	SNELL, JIM	
STREET ADDRESS	5520 LODGE RD.	
CITY- ST- ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUGHES, DAN	
STREET ADDRESS	6289 MARY DOT LANE	
CITY- ST- ZIP	STARKE, FL 32091	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WHALEY, TOM	
STREET ADDRESS	21248 NW SR 16	
CITY- ST- ZIP	STARKE, FL 32091	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BLAKESLEE, TERRY	
STREET ADDRESS	513 E. WASHINGTON ST	
CITY- ST- ZIP	STARKE, FL 32091	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANNY BOYD	
STREET ADDRESS	597 MAGNOLIA AVE	
CITY- ST- ZIP	BALDWIN, FL. 32234	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY GESSAL	
STREET ADDRESS	22699 NE 148TH TRAIL	
CITY- ST- ZIP	RAIFORD, FL. 32083	
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #