

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

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N12918

1. Entity Name

PHILADELPHIA MISSIONARY BAPTIST CHURCH OF
LAKE CITY, FLORIDA, INC.



Principal Place of Business

Mailing Address

8406 SW COUNTY RD. 242
LAKE CITY FL 32025
US

590 NW LONG STREET
LAKE CITY FL 32055
US



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

05-0003102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, REVEREND I.L.
590 NW LONG STREET
LAKE CITY FL 32055

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 transferring)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME WILLIAMS, I. L., REV.
STREET ADDRESS 590 NW LONG STREET
CITY- ST- ZIP LAKE CITY FL

TITLE ☐ Change ☐ Addition
NAME U00000748534
STREET ADDRESS 05/17/07-80073-002 61.25
CITY- ST- ZIP

TITLE D ☐ Delete
NAME JONES, ROSETTA
STREET ADDRESS PO BOX 1594
CITY- ST- ZIP LAKE CITY FL 32056

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

TITLE D ☐ Delete
NAME FLEMING, ERVON
STREET ADDRESS 2315 LAKE DR
CITY- ST- ZIP LAKE CITY FL 32055

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

TITLE D ☐ Delete
NAME LILLY, CHARLES
STREET ADDRESS P.O BOX 1594
CITY- ST- ZIP LAKE CITY FL 32056

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

TITLE D ☐ Delete
NAME CARTER, HERBERT
STREET ADDRESS PO BOX 1594
CITY- ST- ZIP LAKE CITY FL 32055

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

TITLE D ☐ Delete
NAME RENTZ, DANIEL
STREET ADDRESS PO BOX 1594
CITY- ST- ZIP LAKE CITY FL 32055

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 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: *I. L. Williams* I. L. WILLIAMS

27 Apr. 07

386 752-1031