

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N12918

1. Entity Name

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



Principal Place of Business

8406 SW COUNTY RD. 242
LAKE CITY FL 32025
US

Mailing Address

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 (10/07)

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 and title must remain intact)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, I. L., REV. | |
| STREET ADDRESS | 590 NW LONG STREET | |
| CITY- ST- ZIP | LAKE CITY FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JONES, ROSETTA | |
| STREET ADDRESS | PO BOX 1594 | |
| CITY- ST- ZIP | LAKE CITY FL 32055 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FLEMING, ERVON | |
| STREET ADDRESS | 2315 LAKE DR | |
| CITY- ST- ZIP | LAKE CITY FL 32055 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LILLY, CHARLES | |
| STREET ADDRESS | P.O BOX 1594 | |
| CITY- ST- ZIP | LAKE CITY FL 32055 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CARTER, HERBERT | |
| STREET ADDRESS | PO BOX 1594 | |
| CITY- ST- ZIP | LAKE CITY FL 32055 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RENTZ, DANIEL | |
| STREET ADDRESS | PO BOX 1594 | |
| CITY- ST- ZIP | LAKE CITY FL 32055 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: Rev. I. L. Williams REV. I. L. WILLIAMS 27 APRIL 2008