

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N15245</b>	
1. Entity Name DOGWOOD PARK BAPTIST CHURCH, INC.	
Principal Place of Business 3301 HIGHWAY 97 MOLINO, FL 32577 US	Mailing Address 3301 HIGHWAY 97 MOLINO, FL 32577 US



01262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2649388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  SMITH, E. LAMAR 10030 PILGRIM TRAIL MOLINO, FL 32577
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**DO NOT WRITE  
IN THIS SPACE**

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)

U000000617173

02/07/07 80864 016 01.25

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	TR
NAME	HASSEBROCK, BENNIE
STREET ADDRESS	51 HWY 97
CITY-ST-ZIP	MOLINO, FL 32577
TITLE	TR
NAME	FOX, JOE L
STREET ADDRESS	1948 SMYERS RD.
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	PD
NAME	SMITH, E L
STREET ADDRESS	10030 PILGRIM TRAIL
CITY-ST-ZIP	MOLINO, FL 32577
TITLE	T
NAME	MALONE, HARVEY R II
STREET ADDRESS	9580 N BARTH ROAD
CITY-ST-ZIP	MOLINO, FL 32577
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. 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 life empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-07 850 581 222