

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N15245

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

DO NOT WRITE IN THIS SPACE



01252008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2649388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, E. LAMAR
10030 PILGRIM TRAIL
MOLINO, FL 32577

**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)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
HASSEBROCK, BENNIE
51 HWY 97
MOLINO, FL 32577

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
FOX, JOE L
1948 SMYERS RD.
CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SMITH, E L
10030 PILGRIM TRAIL
MOLINO, FL 32577

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MALONE, HARVEY R II
9580 N BARTH ROAD
MOLINO, FL 32577

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000815540
02/14/08-80013-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

E. Lamar Smith
E. Lamar Smith

1/28/08

850-587-2241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #