

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90018 016 ***61.25

DOCUMENT # N18111

1. Entity Name
ST. PETER'S CHURCH IN PLANT CITY, FLORIDA INC.



Principal Place of Business
**302 N. CAREY ST.
PLANT CITY, FL 33563**

Mailing Address
**302 N. CAREY ST.
PLANT CITY, FL 33563**

40044200



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-6137488

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**THOENI, THOMAS
302 NORTH CAREY STREET
PLANT CITY, FL 33563**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**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 **MD** ☐ Delete
NAME **DAVIDSON, CRAIG**
STREET ADDRESS **1906 NORTH GOLFVIEW DR**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **D** ☐ Delete
NAME **SCHMIDT, REID**
STREET ADDRESS **2728 HORSESHOE DR**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **T** ☐ Delete
NAME **BOOHER, MIKE**
STREET ADDRESS **3001 PINE CLUB DR.**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MD** ☒ Change ☐ Addition
NAME **Bender, Jane**
STREET ADDRESS **1501 Tozier Place**
CITY-ST-ZIP **Plant City, FL, 33563**

TITLE **D** ☒ Change ☐ Addition
NAME **Mathias, Glenn**
STREET ADDRESS **116 Alsobrook Street**
CITY-ST-ZIP **Plant City, FL 33563**

TITLE **D** ☒ Change ☐ Addition
NAME **Biggs, Bill**
STREET ADDRESS **15523 W. J. Valley Road**
CITY-ST-ZIP **Plant City, FL 33566**

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

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

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 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:

Glenn Mathias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Mathias

3-27-07

813 752 5061

Date

Daytime Phone #