

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

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

DOCUMENT # N18818

1. Entity Name

MILESTONE BAPTIST CHURCH, INC.



Principal Place of Business

3800 PINE FOREST RD
CANTONMENT, FL 32533-7443 US

Mailing Address

3800 PINE FOREST RD
CANTONMENT, FL 32533-7443 US



04262007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

59-2221198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, JAMES F., JR.
2024 WINNERS CIR
CANTONMENT, FL 32533

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MORTON, PERRY
STREET ADDRESS	387 N. 57TH AVENUE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	DT
NAME	SEAY, RAYMOND
STREET ADDRESS	5510 PERKINS
CITY-ST-ZIP	PENSACOLA, FL
TITLE	DS
NAME	HARRIS, R. TODD
STREET ADDRESS	2511 PINE FOREST ROAD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	GLENN, MARVIN
STREET ADDRESS	2203 CRICKET RIDGE DR
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	SCOTT, DAVID
STREET ADDRESS	1320 PLATA CANADA
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	SMITH, JERARD
STREET ADDRESS	3900 ASHLANDAVE
CITY-ST-ZIP	PENSACOLA, FL 32534

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05/17/07-80082-018 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerauld H. Smith

Date

Daytime Phone #