

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

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N21645**

1. Entity Name  
**EVERGREEN BAPTIST CHURCH INCORPORATED**



Principal Place of Business  
**2509-224 ST  
LAKE CITY, FL 33024 US**

Mailing Address  
**2509-224 ST  
LAKE CITY, FL 33024 US**



01082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2763971**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HIMES, MARIAN  
136 SW HARTFORD WAY  
LAKE CITY, FL 32024**

**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 *Marian Himes* *MARIAN HIMES, CHURCH CLERK* *1-10-07*  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KOON, EBB  
RT 14 BOX 24523  
LAKE CITY, FL 32024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HIMES, FLOYD  
136 SW HARTFORD WAY  
LAKE CITY, FL 32024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHUMANN, HAROLD  
26848 41 ST RD  
BRANFORD, FL 32008**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000590780  
01/18/07-80070-003 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: *Floyd Himes* *1-10-07* *386-754-6628*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #