

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90031 028 ****61.25

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**



01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2763971

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

Jan 14, 2008
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	D
NAME	KOON, EBB
STREET ADDRESS	RT 14 BOX 24523
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	D
NAME	HIMES, FLOYD
STREET ADDRESS	136 SW HARTFORD WAY
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	D
NAME	SCHUMANN, HAROLD
STREET ADDRESS	26848 41 ST RD
CITY-ST-ZIP	BRANFORD, FL 32008
TITLE	T BILLY R. FRANKS
NAME	P.O. Box 221
STREET ADDRESS	BRANFORD, FLA., 32008
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *B. R. Franks - Treasurer*