

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 27 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23827**

1. Corporation Name

THE SECOND BAPTIST CHURCH OF DUCK POND, INC.

Principal Place of Business

C/O RUBY B HARPER
ROUTE 6 BOX 75
STARKE FL 32091
US

Mailing Address

C/O RUBY B HARPER
ROUTE 6 BOX 75
STARKE FL 32091
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

12/11/1987

4. FEI Number

59-2873298

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARPER, RUBY B
ROUTE 6 BOX 75
STARKE FL 32091

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **RUBY B. HARPER - PRES.**

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

(NOTE: Registered Agent signature required when reinstating)

4-24-00
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BROWDER, JAKE F**
STREET ADDRESS **5168 COUNTRY ESTATES RD.**
CITY-ST-ZIP **MIDDLEBURG FL**

TITLE **SD** ☐ DELETE

NAME **STARLING, SANDRA M**
STREET ADDRESS **RT 6 BOX 70**
CITY-ST-ZIP **STARKE FL 32091**

TITLE **PD** ☐ DELETE

NAME **HARPER, RUBY B**
STREET ADDRESS **RT 6 BOX 75**
CITY-ST-ZIP **STARKE FL 32091**

TITLE **T** ☐ DELETE

NAME **STARLING, ROBERT M**
STREET ADDRESS **RT 6 BOX 70**
CITY-ST-ZIP **STARKE FL 32091**

TITLE **T** ☐ DELETE

NAME **Huitt, Donald L.**
STREET ADDRESS **Rt. 6 Box 77**
CITY-ST-ZIP **Starke, FL 32091**

TITLE **T** ☐ DELETE

NAME **Huitt, Rebecca L**
STREET ADDRESS **Rt. 6 Box 77**
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Add

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ruby B. Harper - President

4-24-00 (904) 964-5760