


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N26020</b>	
1. Entity Name <b>TRUSTEE CORPORATION OF THE PHILADELPHIA BAPTIST CHURCH, INC.</b>	

Principal Place of Business <b>15835 169TH RD MCALPIN, FL 32062 US</b>	Mailing Address <b>P. O. BOX 275 LIVE OAK, FL 32060-0275 US</b>
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01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2456558</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>JOHNSON, JOHN A 511 HAWKINS STREET LIVE OAK, FL 32064</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AVERA, D.J. 13877 165 RD LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LORD, SIDNEY 13206 SR 51 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JOHN A 511 HAWKINS STREET LIVE OAK, FL 32064
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U00000651437  
03/09/07-80007-015 61.25

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: <i>John A. Johnson</i>	2/11/07	386-362-3236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #