

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90023 006 \*\*\*\*61.25

**DOCUMENT # N28302**

1. Entity Name

ST. CLOUD MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

2400 10TH STREET  
ST. CLOUD FL 34769  
US

P O BOX 702012  
ST. CLOUD FL 34770-2012  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2965857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORNTON, H.R. JR.  
4449 RUMMELL ROAD  
ST. CLOUD FL 32770-0245

Name

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

City

**FL**

Zip Code

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME ROWE, RODNEY  
STREET ADDRESS 3300 S. INDIANA AVE.  
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE T ☐ Delete  
NAME CHISHOLM, WILLIAM  
STREET ADDRESS 1703 E CLINTON DR.  
CITY-ST-ZIP ST CLOUD FL 34772

TITLE T ☐ Delete  
NAME WALKER, JERRY  
STREET ADDRESS 216 GEMWOOD CT.  
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE T ☒ Delete  
NAME WILCOX, RICHARD E  
STREET ADDRESS 201 MISSISSIPPI AVE.  
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE T ☐ Delete  
NAME FROST, MICHAEL  
STREET ADDRESS 4795 HIDDEN HEIGHTS TRAIL  
CITY-ST-ZIP SAINT CLOUD FL 34771

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Change ☒ Addition  
NAME KENNETH ROWLAND  
STREET ADDRESS 1601 BRYANT ST.  
CITY-ST-ZIP KISSIMMEE, FL. 34746

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition  
NAME RICHARD ELAM  
STREET ADDRESS 232 ALABAMA AVE  
CITY-ST-ZIP ST. CLOUD, FL. 34769

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*James D. Walker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 9, 2007

Date

Daytime Phone #