

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

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N37039**

1. Entity Name  
MT. PISGAH BAPTIST CHURCH, INC.



Principal Place of Business  
6210 MT. PISGAH ROAD  
FORT MEADE, FL 33841

Mailing Address  
6210 MT. PISGAH ROAD  
FORT MEADE, FL 33841



02172007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2480912

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ABLES, CLIFFORD M III  
551 SOUTH COMMERCE AVENUE  
SEBRING, FL 35870

**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 \_\_\_\_\_

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

U00000644429

03/02/07-80041-024 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
LARRAMORE, LOYD M  
3825 EDISON AVE.  
BOWLING GREEN, FL 33834

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
GRANT, EUGENE  
3440 MT PISGAH ROAD  
FORT MEADE, FL 33841

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
FARRIS, RAY  
409 W. BROADWAY ST.  
FORT MEADE, FL 33841

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
COKER, RONALD  
2802 BOYD COWART RD  
WAUCHULA, FL 33873

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
NORTHUP, PERRY  
1324 HICKORY LANE SOUTH  
FORT MEADE, FL 33841

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:** \_\_\_\_\_

*Loyd M. Larramore, Sr.*  
Loyd M. Larramore, Sr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-2007

Date

863-375-2972

Daytime Phone #