

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N45815

1. Entity Name  
PINE GROVE BAPTIST CHURCH OF LAKE CITY,  
FLORIDA, INC.



Principal Place of Business  
RT 25 BOX 155  
LAKE CITY, FL 32055

Mailing Address  
P.O. BOX 2138  
LAKE CITY, FL 32056-2138

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-1459283

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

GOBLE, LOUIE G.  
RT. 1 BOX 415  
LAKE CITY, FL

**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, 2004

9. Election Campaign Financing  
Trust Fund Contribution.

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

U000000089229  
03/15/04-80084-005 70.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
GOBLE, LOUIE G.  
138 SCARBOROUGH LANE  
LAKE CITY, FL 32055

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
COATES, LARRY  
ROUTE 21, BOX 960  
LAKE CITY, FL 32024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
STRICKLAND, MAUDETTE  
409 DEFENDER AVE.  
LAKE CITY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SMITH, MARIELL  
ROUTE 25, BOX 96  
LAKE CITY, FL 32055

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DUCKWILER, DANIEL  
ROUTE 15, BOX 3540  
LAKE CITY, FL 32024

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 exemption stated in Section 119.07(3)(f), 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:

*Louie G. Goble*

03-08-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #