

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

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000003308

1. Entity Name
**FIRST MISSIONARY BAPTIST CHURCH OF DEANS
COURT, INC.**



Principal Place of Business
**811 NW 9TH AVE
OKEECHOBEE, FL 34973-0822**

Mailing Address
**PO BOX 2400
OKEECHOBEE, FL 34973-2400**



01212007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0463949

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

**SMITH, LEROY
811 NW 9TH AVE
OKEECHOBEE, FL 34973-0822**

**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**

U00000637569
02/26/07-80067-008 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVD
CROWELL, MALINDA S
811 N.W. 9 AVE.
OKEECHOBEE, FL 34973**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VD
COTTON, CYNTHIA
924 N.W. 10TH STREET
OKEECHOBEE, FL 34972**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
COPE, WILLIE D
1724 N.E. 4TH ST.
OKEECHOBEE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
COPE, ALGIA
1724 N.E. 4TH ST.
OKEECHOBEE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
KILPATRICK, MARY
1796 N.E. 3RD ST.
OKEECHOBEE, FL 34972**

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-583-4622

954-292-5397