

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 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**



01122008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0463949**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**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

U00000827204  
02/21/08-80080-023 70.00

**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:**

*Leroy B. Smith, Pastor*  
Date: 02/03/08  
Daytime Phone #: 889-583-9142  
889-292-5397