


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

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90024 026 ****61.25

DOCUMENT # N94000002901	
1. Entity Name KENDRICK BAPTIST CHURCH, INC.	

Principal Place of Business 3020 NW 62 AVE OCALA FL 34482	Mailing Address 3020 NW 62 ST OCALA FL 34475 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address KBC c/o Nan B. NeSmith
Suite, Apt. #, etc.	Suite, Apt. #, etc. 7385 SW 5th Ave
City & State	City & State Ocala FL
Zip	Country
34476	USA



2nd MOORE CR2E037 (4/07)

6. Name and Address of Current Registered Agent NESMITH, NAN B 7385 SW 5TH AVENUE OCALA FL 34476	
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4. FEI Number 65-0506015	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
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	DATE
(NOTE: Registered Agent signature required when re-registering)	

FILE NOW: FEE IS \$61.25 Due By September 5, 2007	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D NESMITH, NAN B 7835 SW 5TH AVE OCALA FL 34476	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
D ANDERSON, PETE 6101 NE 25TH AVE OCALA FL 34479	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D DIXON, WESLEY E JR PO BOX 133 MC INTOSH FL 32664	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D White, Jeff 15069 NE 88th Lane Silver Springs, FL 34488	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: Nan B. NeSmith	Nan B. NeSmith	8/21/07	352-237-2017
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