

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90027 041 ****61.25

DOCUMENT # N94000003072 1. Entity Name GREATER PINEY GROVE BAPTIST CHURCH, INC.					
Principal Place of Business 112 HUEY ST. WILDWOOD, FL 34785			Mailing Address 112 HUEY ST. WILDWOOD, FL 34785		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2240974	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEVEAU, VONCIA 10983 C.R. 223 OXFORD, FL 34484				7. Name and Address of New Registered Agent Name: <u>Dr. Arthur J. Chandler</u> Street Address: <u>112 HUEY STREET</u> City: <u>Wildwood</u> FL Zip Code: <u>32634</u>	
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: <u>Dr. Arthur J. Chandler</u> <u>Dr. H. F. Chandler</u> DATE: <u>4-20-2008</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHANDLER, ARTHUR J 17475 N.W. 100TH AVE. REDDICK, FL 32686	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRAY, IVORY 10594 CR 229 OXFORD, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, NELSON J 607 MILL ST WILDWOOD, FL 34785	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LARRY B 2995 WEST MAIN STREET LEESBURG, FL 34748	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDLER, DIONA Y 500 PETERS STREET WILDWOOD, FL 34785	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, ANNIE L. 607 LAWRENCE STREET WILDWOOD, FL	☐ Delete			
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: <u>Dr. H. F. Chandler</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <u>2-20-2008</u> Daytime Phone #: <u>352-34-9475</u>	

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04202008 Chg-NP CR2E037 (12/08)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name: Dr. Arthur J. Chandler

Street Address: 112 HUEY STREET

City: Wildwood FL Zip Code: 32634

FL 32634

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Make check payable to
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