
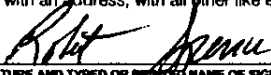


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000003608		
1. Entity Name PLEASANT VALLEY BAPTIST CHURCH OF PONCE DE LEON, INC.		
Principal Place of Business 3100 STATE HWY. 81 SOUTH PONCE DE LEON, FL 32455	Mailing Address 3100 STATE HWY. 81 SOUTH PONCE DE LEON, FL 32455	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SPENCE, ROBERT 9672 ROCKHILL ROAD PONCE DE LEON, FL 32455		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURLEY, OLIVER 231 CHARLES RUSHING ROAD PONCE DE LEON, FL 32455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, ROBERT 9672 ROCK HILL ROAD PONCE DE LEON, FL 32455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLERS, JIMMY PO BOX 401 PONCE DE LEON, FL 32455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSHING, GRADY 353 OLD GRIST MILL RD PONCE DE LEON, FL 32455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BIDDLE, HORTON 967 ROCKHILL RD PONCE DE LEON, FL 32455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  01-07-07 850-836-4549 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 36-4143608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000580262
01/10/07-80041-009 61.25

**DO NOT WRITE
IN THIS SPACE**