

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

FILED
Jun 20, 2007 08:00 A
Secretary of State

DOCUMENT # N98000007311

1. Entity Name
LONG AVENUE BAPTIST CHURCH OF PORT SAINT JOE,
FLORIDA, INC.



Principal Place of Business
1601 LONG AVE.
PORT ST. JOE, FL 32456

Mailing Address
P. O. BOX 38
PORT ST. JOE, FL 32457



06062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1083043

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DUTY, BRUCE R
1601 LONG AVE
PORT ST. JOE, FL 32456

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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

6/7/07

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000766477
06/20/07-80002-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	HARRISON, CECIL
STREET ADDRESS	137 BELLAMY CIRCLE
CITY-ST-ZIP	PORT SAINT JOE, FL 32456
TITLE	T
NAME	GEOGHAGAN, DENNIS
STREET ADDRESS	1912 FOREST PARK AVENUE
CITY-ST-ZIP	PORT SAINT JOE, FL 32456
TITLE	T
NAME	MIZE, JOHNNY
STREET ADDRESS	391 CHAPEL LANE
CITY-ST-ZIP	PORT ST. JOE, FL 32456

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-07 229-LL86

Date

Daytime Phone #