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

## Apr 03, 2007 8:00 am Secretary of State DOCUMENT # N99000006513 04-03-2007 90011 036 \*\*\*\*61.25 MIDWAY BAPTIST CHURCH OF PALATKA, INC. Principal Place of Business Mailing Address 158 BARDIN ROAD 158 BARDIN RD. PALATKA FL 32177 PALATKA FL 32177 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suita, Apt. #, atc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2769565 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERTS, JOHN B DEACON Street Address (P.O. Box Number is Not Acceptable) 158 BARDIN ROAD PALATKA FL 32177 City 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 . Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THTLE D Delete HILL ☐ Change ■ Addition NAMI ROBERTS, JOHN B DEACON NAME STREET ADDRESS 107 BLACHETTE AVE STREET ADDRESS CITY: ST. ZIP PALATKA FL 32177-8537 CHY ST ZIP ☐ Delete TITLE 1010 Change ☐ Addition CAMERON, JOHN A REV. NAML STREET ADDRESS 805 BARDIN RD. SHILLLADORESS CITY - ST - ZIP PALATKA FL 32177 CITY ST ZIP THE ■ Delete HIO ☐ Change Addition Ward, Tanny 110 ward Lane NAME NUNAMAKER, LEIGH A MRS. MAM STREET ADDRESS STREET ADDRESS 158 BARDIN RD CITY - ST- 7IP CHY ST 7P Pulatka, FL 32177 PALATKA FL 32177-8724 TITLE Delete DHE ☐ Change ■ Addition NAME NAMI STREET ADORESS STREET LADDRESS CHY SI ZIP CHY ST 7IP TITLE ☐ Delete mn ☐ Change Addition NAME NAME STREET ADDRESS STREET LADDRESS CHY-SI-ZIP CITY ST ZIP TITLE □ Defete ши Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CiTY+SI-ZIP CHY ST 7P

**FILED** 

12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental about is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or this see 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.

()ate

Davtime Priorie #

SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR