

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

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 749119**

1. Entity Name  
**EBENEZER BAPTIST CHURCH OF JEFFERSON  
COUNTY, FLORIDA, INC.**



Principal Place of Business  
**427 HATCHETT ROAD  
LAMONT, FL 32336 US**

Mailing Address  
**P.O. BOX 652  
MONTICELLO, FL 32345 US**



04102007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2352645**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CAMPBELL, CAROLYN  
28 CAMPBELL ROAD  
LAMONT, FL 32336**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
CAMPBELL, CAROLYN  
28 CAMPBELL ROAD  
LAMONT, FL 32336**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COURSON, CLAY  
1456 TWIN LAKES  
TALLAHASSEE, FL 32311**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
COURSON, RUSSELL  
2539 ST. AUGUSTINE RD  
MONTICELLO, FL 32344**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CAMPBELL, GREG  
28 CAMPBELL ROAD  
LAMONT, FL 32336**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000735157  
05/10/07-80022-016 61.25

**DO NOT WRITE  
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:**

*Carolyn Campbell, TD*  
*Carolyn Campbell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/07*

Date

*850-933-2156*

Daytime Phone #