

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 721664 (1)

1. Corporation Name

PISGAH MISSIONARY BAPTIST CHURCH OF PERRY, FLORIDA INCORPORATED



Principal Place of Business: U.S. HWY 19. NORTH AT HARRISON BLUE RD. P.O. BOX 1210 PERRY FL 32347  
Mailing Address: U.S. HWY 19. NORTH AT HARRISON BLUE RD. P.O. BOX 1210 PERRY FL 32347

3. Date Incorporated or Qualified <b>09/08/1971</b>	3a. Date of Last Report <b>03/15/1995</b>
4. FEI Number <b>59-1937731</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

HUDSON, ELSIE  
RT. 5, BOX 546  
PERRY FL 32347

10. Name and Address of New Registered Agent

81 Name <b>Elaine Blanton</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>Rt. 5, Box 411</b>
83
84 City <b>Perry</b>
85 Zip Code <b>FL 32347</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Elaine Blanton Church clerk Elaine Blanton 4-21-96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FARMER, JOSEPH</b>		1.2 NAME <b>Thomas Yates</b>	
STREET ADDRESS <b>1100 W ASH ST</b>		1.3 STREET ADDRESS <b>1202 N. Calhoun Street</b>	
CITY-ST-ZIP <b>PERRY FL</b>		1.4 CITY-ST-ZIP <b>Perry, FL 32347</b>	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCOTT, MORRIA J.</b>		2.2 NAME <b>Morris J. Scott</b>	
STREET ADDRESS <b>ROUTE 5, BOX 439</b>		2.3 STREET ADDRESS <b>Rt 5 Box 439 Slaughter Rd.</b>	
CITY-ST-ZIP <b>PERRY FL</b>		2.4 CITY-ST-ZIP <b>Perry, FL 32347</b>	
TITLE <b>SEC</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Sec</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HUDSON, ELSIE</b>		3.2 NAME <b>Elaine Blanton</b>	
STREET ADDRESS <b>RT 5, BOX 546</b>		3.3 STREET ADDRESS <b>Rt. 5, Box 411 Slaughter Rd</b>	
CITY-ST-ZIP <b>PERRY FL</b>		3.4 CITY-ST-ZIP <b>Perry, FL 32347</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BLANTON, ALMON</b>		4.2 NAME <b>Almon Blanton</b>	
STREET ADDRESS <b>RT 5 BOX 411</b>		4.3 STREET ADDRESS <b>Rt 5 Box 411 Slaughter Rd</b>	
CITY-ST-ZIP <b>PERRY FL</b>		4.4 CITY-ST-ZIP <b>Perry, FL 32347</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS <b>500001838325</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>-05/24/96--01034--022</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>***61.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elaine Blanton Elaine Blanton 4-21-96 904-584-7323  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)