

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **N49072** (4)
1. Corporation Name
THE MOUNT PILGRIM AFRICAN BAPTIST CHURCH, INC.



Principal Place of Business
**410 CLARA ST.
MILTON FL 32570**

Mailing Address
**P.O. BOX 321
MILTON FL 32570
US**

3. Date Incorporated or Qualified
05/26/1992

3a. Date of Last Report
09/19/1995

4. FEI Number
59-3042845

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

9. Name and Address of Current Registered Agent

**MORGAN, ELAINE
3 WEBB CIRCLE
MILTON FL 32570**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, VAUGHN W SR.	
STREET ADDRESS	4913 SOUTH LAKEWOOD DR.	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	LARKINS, JOANNA	
STREET ADDRESS	1105 MARKS PLACE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, MARY E	
STREET ADDRESS	1104 BARNES ST.	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	LEVINS, DEBRA	
STREET ADDRESS	4232 WOODSVILLE RD.	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, ELAINE	
STREET ADDRESS	708 5TH AVE.	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	HOPSON, BOBBY	
STREET ADDRESS	137 CYRIL DRIVE	
CITY-ST-ZIP	PACE FL 32571	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vice President
3.3 STREET ADDRESS	WADE MORTON
3.4 CITY-ST-ZIP	7551 HOKANUS ST. MILTON, FL 32583
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MD WILLIAM C. HAYES
6.3 STREET ADDRESS	6949 Cypress Rd
6.4 CITY-ST-ZIP	MILTON, FL 32583

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: *Rev. Dr. Vaughn W. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

904-623-4412

CR2E037 (12/95)