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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N93000004896 (7)

1. Corporation Name
SAINT PETER BAPTIST CHURCH INC.

Principal Place of Business: 5717 SE 152ND ST. GROVE PARK FL 32640
Mailing Address: P.O. BOX 791 HAWTHORNE FL 32640



21	2. Principal Place of Business	2a	Mailing Address	5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	City & State	27	City & State	7.	Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	28	Zip	8.	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Country	29	Country				
		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, LEE A ROUTE 3, BOX 239 HAWTHORNE FL 32640				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named officer 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Lee A. Johnson*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	Lee A. Johnson
NAME	JOHNSON, LEE A	1.2 NAME	5130 SE 152nd St
STREET ADDRESS	RT. 3 BOX 239	1.3 STREET ADDRESS	Hawthorne FL 32640
CITY-ST-ZIP	HAWTHORNE FL 32640	1.4 CITY-ST-ZIP	
TITLE	FD	2.1 TITLE	FD
NAME	BROWN, KENNITH	2.2 NAME	Brown Kenneth
STREET ADDRESS	5717 SE 152ND ST	2.3 STREET ADDRESS	PO Box 1482 10th Turpentine Dr
CITY-ST-ZIP	GROVE PARK FL 32640	2.4 CITY-ST-ZIP	Hawthorne, FL 32640-1482
TITLE	D	3.1 TITLE	
NAME	BROWAN, JULIA L	3.2 NAME	
STREET ADDRESS	SE 9TH PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	GROVE PARK FL 32640	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	MERCER, DERRICK L	4.2 NAME	
STREET ADDRESS	15507 S.W. HAW. RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL 32640	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lee A. Johnson* 11/2/98 352 481-46