

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

DOCUMENT # 720085 (0)

1. Corporation Name

NEW HOME MISSIONARY BAPTIST CHURCH OF PERRY, FLORIDA, INCORPORATED



Principal Place of Business: **405 E. HAMPTON SPRINGS AVENUE PERRY FL 32347**
Mailing Address: **405 E. HAMPTON SPRINGS AVENUE PERRY FL 32347**

3. Date Incorporated or Qualified: **01/15/1971**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1795656**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**BOWDEN, MELVIN
203 S. HENDRY AVE
PERRY FL 32347**

10. Name and Address of New Registered Agent

81 Name: **Clyde Merritt**
82 Street Address (P.O. Box Number is Not Acceptable): **118 Pace Drive**
83 City: **Perry**
84 City: **Perry**
85 Zip Code: **FL 32347**

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

Clyde Merritt
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-13-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TR	<input type="checkbox"/> DELETE
NAME	BOWDEN, MELVIN	
STREET ADDRESS	203 S. HENDRY AVENUE	
CITY-ST-ZIP	PERRY, FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	MERRITT, CLYDE	
STREET ADDRESS	118 PACE DR	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	RATLIFF, GLENN	
STREET ADDRESS	RT 4 BOX 159-C	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LILLIOTT, BOB	
STREET ADDRESS	405 E HAMPTON SPRINGS AVE	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, JULIE	
STREET ADDRESS	RT 5 BOX 650-9	
CITY-ST-ZIP	PERRY FL 32347	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Treasure
4.3 STREET ADDRESS	David Harden
4.4 CITY-ST-ZIP	Rt. 2 Box 157 Perry, FL 32347
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Secretary
5.3 STREET ADDRESS	Sharon Lundy
5.4 CITY-ST-ZIP	Rt. 5 Box 602 Perry, FL 32347
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300001748775
6.3 STREET ADDRESS	-03/19/96--01047--001
6.4 CITY-ST-ZIP	***61.25

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:

Clyde Merritt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E037 (12/95)