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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32347-4948

3. Date Incorporated or Qualified: 01/15/1971
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Suite, City & State, Zip, and Country.

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

9. Name and Address of Current Registered Agent
MERRITT, CLYDE
118 PACE DRIVE
PERRY FL 32347

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWDEN, MELVIN	1.2 NAME	William Tom Smith
STREET ADDRESS	203 S. HENDRY AVENUE	1.3 STREET ADDRESS	Rt. 5 Box 471-9
CITY-ST-ZIP	PERRY, FL	1.4 CITY-ST-ZIP	Perry, FL 32347
TITLE	TR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, CLYDE	2.2 NAME	
STREET ADDRESS	118 PACE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	2.4 CITY-ST-ZIP	
TITLE	TR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RATLIFF, GLENN	3.2 NAME	Richard Bennett
STREET ADDRESS	RT 4 BOX 159-C	3.3 STREET ADDRESS	1114 Allen St.
CITY-ST-ZIP	PERRY FL 32347	3.4 CITY-ST-ZIP	Perry, FL 32347
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDEN, DAVID	4.2 NAME	
STREET ADDRESS	RT. 2, BOX 157	4.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUNDY, SHARON	5.2 NAME	Carol Craft
STREET ADDRESS	RT 5 BOX 602	5.3 STREET ADDRESS	Rt. 1 Box 1540
CITY-ST-ZIP	PERRY FL 32347	5.4 CITY-ST-ZIP	Perry, FL 32347
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<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 does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Carol Craft* Carol Craft 1/24/97 (904)584-7441

CR2E037 (9/96)