

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720085** (0)

1. Corporation Name

**NEW HOME MISSIONARY BAPTIST CHURCH OF PERRY, FLO  
RIDA, INCORPORATED**

Principal Place of Business <b>405 E. HAMPTON SPRINGS AVENUE PERRY FL 32347</b>	Mailing Address <b>405 E. HAMPTON SPRINGS AVENUE PERRY FL 32347</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>01/15/1971</b>	4. FEI Number <b>59-1795656</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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		

9. Name and Address of Current Registered Agent <b>MERRITT, CLYDE 118 PACE DRIVE PERRY FL 32347</b>
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10. Name and Address of New Registered Agent 01 Name <b>Smith, William Tom</b> 02 Street Address (P.O. Box Number is Not Acceptable) <b>Rt. 5 Box 471-9</b> 03 04 City <b>Perry</b> <b>FL</b> 05 Zip Code <b>32347</b>
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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 *William T. Smith* **William T. Smith** **2/12/98**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	TR	
NAME	SMITH, WILLIAM TOM	
STREET ADDRESS	RT 5 BOX 471-9	
CITY-ST-ZIP	PERRY FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	MERRITT, CLYDE	
STREET ADDRESS	118 PACE DR	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	BENNETT, RICHARD	
STREET ADDRESS	1114 ALLEN ST.	
CITY-ST-ZIP	PERRY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HARDEN, DAVID	
STREET ADDRESS	RT. 2, BOX 157	
CITY-ST-ZIP	PERY FL 32347	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CRAFT, CAROL	
STREET ADDRESS	RT 1 BOX 1540	
CITY-ST-ZIP	PERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Arvil L. Grubbs	
2.3 STREET ADDRESS	Rt. 5 Box 85	
2.4 CITY-ST-ZIP	Perry, FL 32347	
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 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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol Craft* **Carol Craft** **2/12/98** **(850) 584-7441**

CR2E037 (10/97)