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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90014 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720085

1. Corporation Name
NEW HOME MISSIONARY BAPTIST CHURCH OF PERRY, FLO RIDA, INCORPORATED

Principal Place of Business 405 E. HAMPTON SPRINGS AVENUE PERRY FL 32347	Mailing Address 405 E. HAMPTON SPRINGS AVENUE PERRY FL 32347
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/15/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1795656
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SMITH, WILLIAM TOM RT. 5 BOX 471-9 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 FL 85 Zip Code
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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 Trustee Chairman 1/19/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILLIAM TOM	1.2 NAME	
STREET ADDRESS	RT 5 BOX 471-9	1.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	1.4 CITY-ST-ZIP	
TITLE	TR <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRUBBS, ARVIL L.	2.2 NAME	Glenn Ratliff
STREET ADDRESS	RT. 5 BOX 85	2.3 STREET ADDRESS	Rt. 4 Box 159-C
CITY-ST-ZIP	PERRY FL 32347	2.4 CITY-ST-ZIP	Perry, FL 32347
TITLE	TR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, RICHARD	3.2 NAME	Glenn Whorton
STREET ADDRESS	1114 ALLEN ST.	3.3 STREET ADDRESS	Rt. 4 Box 314-B
CITY-ST-ZIP	PERRY FL	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	PERY FL 32347	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAFT, CAROL	5.2 NAME	
STREET ADDRESS	RT 1 BOX 1540	5.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: Carole Craft SIGNATURE REQUIRED L. Craft 1/19/99 (850) 584-7441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)