

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 # 703643 (7)
1. Corporation Name

MAXIMO HEIGHTS BAPTIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.



Principal Place of Business: PETERSBURG FLORIDA INC, 5501 31ST ST SOUTH, ST PETERSBURG FLORIDA 33712-4603
Mailing Address: PETERSBURG FLORIDA INC, 5501 31ST ST SOUTH, ST PETERSBURG FLORIDA 33712-4603

3. Date Incorporated or Qualified: 02/26/1962
3a. Date of Last Report: 02/28/1995
4. FEI Number: 59-1227000
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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
TRAYLOR, RUFUS
3825 CORTEZ WAY S.
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent
81 Name: MAURICE D. JOHNSON
82 Street Address (P.O. Box Number Not Applicable): 2090 62nd Pl. S
83
84 City: St. Petersburg, FL 85 Zip Code: 33712

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: [Signature] DATE: 3-10-96

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	PERRY, CAROLYN	
STREET ADDRESS	11935-84 AVENUE N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, BOOTS	
STREET ADDRESS	3220 66TH TERR. S. #C	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MOREY, JERRY	
STREET ADDRESS	4000 49TH AVE. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TRAYLOR, RUFUS	
STREET ADDRESS	3825 CORTEZ WAY S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KROECK, WILLIAM	
STREET ADDRESS	2100-64TH AVE. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FINGERS, DONALD	
STREET ADDRESS	5150-38 ST. SO	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	TRUSTEE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GRETA GOMEZ	
2.3 STREET ADDRESS	2834-46 Ave So	
2.4 CITY-ST-ZIP	St Petersburg Fl 33712	
3.1 TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROSE PATTERSON	
3.3 STREET ADDRESS	5127 CORDOVA WAY SO.	
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33712	
4.1 TITLE	MAURICE DAVID JOHNSON, TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	2090-62 Place South	
4.4 CITY-ST-ZIP	St Petersburg Fl 33712	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	600001742996	
5.4 CITY-ST-ZIP	-03/14/96--01046--016	
6.1 TITLE	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [Signature] DATE: 2/4/96
CHAIRMAN of TRUSTEES

CR2E037 (12/95)