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Jan 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 708933 (7)

1. Corporation Name

PLYMOUTH BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

W. HIGHWAY 424  
P.O. BOX 476  
PLYMOUTH FL 32768-0476W. HIGHWAY 424  
P.O. BOX 476  
PLYMOUTH FL 32768-04763. Date Incorporated or Qualified  
05/11/19653a. Date of Last Report  
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip Country

Zip Country

24

25

29

30

4. FEI Number  
NOT APPLICABLEApplied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEGHORN, JAMES D  
P. O. BOX 98  
LAKE ANNIE DRIVE #425  
PLYMOUTH FL 32768

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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 P  
NAME HARPER, JOHN M  
STREET ADDRESS 31109 BRANTLEY BRANCH RD.  
CITY-ST-ZIP EUSTIS FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VT  
NAME CLEGHORN, JAMES D.  
STREET ADDRESS LAKE ANNIE DR. #425  
CITY-ST-ZIP PLYMOUTH FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE S  
NAME CLEGHORN, LILLIAN  
STREET ADDRESS P.O. BOX 98 N/A  
CITY-ST-ZIP PLYMOUTH FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D  
NAME MALCOLM, JAMES D.  
STREET ADDRESS 1439 E. ABIGAIL DRIVE  
CITY-ST-ZIP APOPKA FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D  
NAME HARPER, TOMMY  
STREET ADDRESS P.O. BOX 162 N/A  
CITY-ST-ZIP PLYMOUTH FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE DT  
NAME JONES, BENJAMIN F  
STREET ADDRESS P. O. BOX 253  
CITY-ST-ZIP PLYMOUTH FL6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015751

JAMES D. CLEGHORN

1-14-1997

CR2E037 (9/96)