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Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708933** (7)
1. Corporation Name
PLYMOUTH BAPTIST CHURCH, INC.



Principal Place of Business W. HIGHWAY 424 P.O. BOX 476 PLYMOUTH FL 32768-0476	Mailing Address W. HIGHWAY 424 P.O. BOX 476 PLYMOUTH FL 32768-0476
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3. Date Incorporated or Qualified 05/11/1965	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing / Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	

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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9. Name and Address of Current Registered Agent CLEYHORN, JAMES D P. O. BOX 98 LAKE ANNIE DRIVE #425 PLYMOUTH FL 32768		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 *James D. Cleghorn* DATE **3-13-1998**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, JOHN M	1.2 NAME	L. G. HARPER
STREET ADDRESS	31109 BRANTLEY BRANCH RD.	1.3 STREET ADDRESS	2335 CROAT ST.
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP	MT DORA FLA 32757
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEGHORN, JAMES D.	2.2 NAME	
STREET ADDRESS	LAKE ANNIE DR. #425	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEGHORN, LILLIAN	3.2 NAME	
STREET ADDRESS	P.O. BOX 98 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, JAMES D.	4.2 NAME	
STREET ADDRESS	1439 E. ABIGAIL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, TOMMY	5.2 NAME	
STREET ADDRESS	P.O. BOX 162 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH FL	5.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BENJAMIN F	6.2 NAME	DT Randy Brown
STREET ADDRESS	P. O. BOX 253	6.3 STREET ADDRESS	453 KICK ST
CITY-ST-ZIP	PLYMOUTH FL	6.4 CITY-ST-ZIP	APOPKA FLA 32712

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: *James D. Cleghorn* DATE: **3-13-1998**

CR2E037 (10/97)