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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708933

1. Corporation Name

PLYMOUTH BAPTIST CHURCH, INC.

Principal Place of Business

**W. HIGHWAY 424
P.O. BOX 470
PLYMOUTH FL 32768-0476**

Mailing Address

**W. HIGHWAY 424
P.O. BOX 470
PLYMOUTH FL 32768-0476**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/11/1965

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 **Same**

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

TITLE ☐ DELETE
NAME **P HARPER, L G**
STREET ADDRESS **2335 CROAT ST**
CITY-ST-ZIP **MT DORA FL 32757**

TITLE ☐ DELETE
NAME **VT CLEGHORN, JAMES D.**
STREET ADDRESS **LAKE ANNIE DR. #425**
CITY-ST-ZIP **PLYMOUTH FL**

TITLE ☐ DELETE
NAME **S CLEGHORN, LILLIAN**
STREET ADDRESS **P.O. BOX 98 N/A**
CITY-ST-ZIP **PLYMOUTH FL**

TITLE ☐ DELETE
NAME **D MALCOLM, JAMES D.**
STREET ADDRESS **1439 E. ABIGAIL DRIVE**
CITY-ST-ZIP **APOPKA FL**

TITLE ☐ DELETE
NAME **D HARPER, TOMMY**
STREET ADDRESS **P.O. BOX 182 N/A**
CITY-ST-ZIP **PLYMOUTH FL**

TITLE ☐ DELETE
NAME **DT BROWN, RANDY**
STREET ADDRESS **453 KEE ST**
CITY-ST-ZIP **APOPKA FL 32712**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)