## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

2. Principal Place of Business

SIGNATURE:

21

(8)

BARTOW FL 33830

2a. Mailing Address

26

## MT. GILBOA MISSIONARY BAPTIST CHURCH OF BARTOW, FLORIDA, INC.

Principal Place of Business Mailing Address 1205 MARTIN LUTHER KING JR. BLVD. POST OFFICE BOX 1533 BARTOW FL 33630 1205 MARTIN LUTHER KING JR. BLVD. POST OFFICE BOX 1533

## **FILED** May 01 1998 8:00am Secretary of State

8

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 08/20/1969

05-0038904

5. Certificate of Status Desired

	Sulte, Apt. f	f, etc.			Suite, Apt. #, etc.						6. Election Campaign Financir	9	\$5.00 N	fay Be	
22					27						Trust Fund Contribution		Added to	Fees	
	City & State			<u> </u>	City & State						7. Is this nonprofit corporation a homeowners association?				
23	7:				28			Country			☐ Yes ☐ No				
_	Zip	<del></del>			Zip 30			¬ ´			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No				
24	25   29   ;							٠			10. Name and Address of New Registered Agent				
									Name	<u>'</u>	<u>0, 112110 and 2,25,155 0 1115.</u>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SPEED, JOHN H 2365 WASHINGTON STREET BARTOW FL 33830															
								12	Street Ac	idress	(P.O. Box Number is Not Acce	ptable)		1	
								83							
								64 City FL 86 Zip Code							
11.	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														
	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.														
SIC	SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE														
12	Signature, typed or printed name of registered agent and title if applicable (NOTE: Re  12. OFFICERS AND DIRECTORS								i eignature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITL		PD	Ç. TIGETIG FILE			DELETE	13, 1.1 Titul	E					Change	Addition	
NAA	AE	• •	JOHN H				12 NAM	Œ						1	
STREET ADDRESS 2365 WASHINGTON STREET								1.3 STREET ADDRESS						1	
CITY	TY-ST-ZIP BARTOW FL 33830						1.4 CITY	-ST	- ZIP					ŀ	
π	<del></del> +	TD				DELETE	2.1 TITL			D	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAL	ae i	WHITE, DARNEATHA			•		2.2 NAM	2.2 NAME			i, L. B.			Í	
STR	EET ADORESS	1895 L	AGOON CIRCLE				2.3 STRE	EET /			MARTIN LUTHER KING J	R. RIV			
cm	Y-ST-ZIP	BARTO	W FL 33830				2.4 CIT	Y-\$1			M. FL. \$33930				
TITL	.E	SD			5	DELETE	3.1 TITL	E		SD			Change	Addition	
HAN	Æ		ens, timothy				3.2 NAM	Æ	j	SWEE	T, DAYATRA			J	
STR	EET ADDRESS		EE CIRCLE				3.3 STRE	EET /	uddress	5453	NOBLE ROAD			ļ	
	Y-ST-ZIP	BARTO	W FL				3.4. CITY	_	1-21P	LAKE	LAND, FL 33811				
IM	ľ	ASD			Đ	DELETE	4.1 TITLE		]		•		Change	☐ Addition	
HAA			AS, APRILLE				4. 2 NAM		ļ					İ	
-	EET ADDRESS		AUSE AVENUE						adoress					,	
_	Y-ST-ZIP	_BARTO	<u>W FL</u>			The exe	4.4 CiTY		-ZVP		···			I Addition	
TITL		VD	A 4801HP #		L	DELETE	5.1 TITLE						☐ Change	Addition	
NAA			S, ARCHIE JR.				5.2 NAM	-	}					j	
_	EET ADDRESS		EE CIRCLE E						UDDRESS						
	Y-ST-211P				<del></del>	DELETE	5.4 CITY-ST- E 6.1 TITLE		-ZIP				Change	Addition	
TITE	ſ	ATD	IOLAL II			T DETEIR			1				□ CHANGE		
NAA			JOHN H				6.2 NAM	-							
	EET ADDRESS		ASHINGTON STREET						ADDRESS					}	
	Y-ST-ZIP	ertify that th	W FL 33830	th thie	filing does	not qualify for	6.4 CITY	nnti	on stated	in Sec	ction 119.07(3)(i), Florida Statut	es I further c	ertify that the	Information	
	indicated of officer or of	on this annu director of th	ual report or supplementa pe corporation or the rece of changed, or on an attac	l annu- liver or	al report is r trustee en	true and accu	rate and	tha is re	t my signa aport as re	ature s equire	hali have the same legal effect d by Chapter 617, Florida Statu	as if made u tes; and that	inder oath; the my name ap	it I am an bears in	