FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720085 (0)

1. Corporation Name
NEW HOME MISSIONARY BAPTIST CHURCH OF PERRY, FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
405 E. HAMPTON SPRINGS AVENUE PERRY FL 32347	405 E. HAMPTON SPRINGS AVENUE PERRY FL 32347

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1971
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-1795656 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BOWDEN, MELVIN
203 S. HENDRY AVE
PERRY FL 32347

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Melvin Bowden Trustee — DATE: 4/24/95
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TR	11 TITLE	T	☐ Change ☑ Addition
NAME	BOWDEN, MELVIN	12 NAME	Lilliott, Bob	
STREET ADDRESS	203 S. HENDRY AVENUE	13 STREET ADDRESS	405 E Hampton Springs Ave.	
CITY-ST-ZIP	PERRY, FL	14 CITY-ST-ZIP	Perry, FL 32347	
TITLE	TR	21 TITLE	Tr	☐ Change ☑ Addition
NAME	~~ALBRITTON, CLIFTON W.~~	22 NAME	Merritt, Clyde	
STREET ADDRESS	~~RT 5, BOX 609-7~~	23 STREET ADDRESS	118 Paca Dr	
CITY-ST-ZIP	PERRY, FL	24 CITY-ST-ZIP	Perry, FL 32347	
TITLE	S	31 TITLE	Tr	☐ Change ☑ Addition
NAME	~~CRUCE, VIRGINIA~~	32 NAME	Ratliff, Glenn	
STREET ADDRESS	1414 S. GRAHAM DR	33 STREET ADDRESS	Rt 4 Box 159-C	
CITY-ST-ZIP	PERRY, FL	34 CITY-ST-ZIP	Perry, FL 32347	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	S	☐ Change ☑ Addition
NAME		52 NAME	Julie Thompson	
STREET ADDRESS		53 STREET ADDRESS	Rt 5 Box 650-9	
CITY-ST-ZIP		54 CITY-ST-ZIP	Perry, FL 32347	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

$ 5.00 5118

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)(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: Julie Thompson Julie Thompson — 4/18/95 — (904)584-7441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020187