

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 720085 (0)

1. Corporation Name

NEW HOME MISSIONARY BAPTIST CHURCH OF PERRY, FLO
RIDA, INCORPORATED

Principal Place of Business

Mailing Address

405 E. HAMPTON SPRINGS AVENUE
PERRY FL 32347

405 E. HAMPTON SPRINGS AVENUE
PERRY FL 32347



3. Date Incorporated or Qualified

01/15/1971

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1795656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. 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

BOWDEN, MELVIN
203 S. HENDRY AVE
PERRY FL 32347

81 Name

Clyde Merritt

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

118 Pace Drive

83

Perry

84 City

FL

85 Zip Code
32347

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

2-13-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TR ☐ DELETE
NAME BOWDEN, MELVIN
STREET ADDRESS 203 S. HENDRY AVENUE
CITY-ST-ZIP PERRY, FL

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

TITLE TR ☐ DELETE
NAME MERRITT, CLYDE
STREET ADDRESS 118 PACE DR
CITY-ST-ZIP PERRY FL 32347

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

TITLE TR ☐ DELETE
NAME RATLIFF, GLENN
STREET ADDRESS RT 4 BOX 159-C
CITY-ST-ZIP PERRY FL 32347

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

TITLE T ☒ DELETE
NAME LILLIOTT, BOB
STREET ADDRESS 405 E HAMPTON SPRINGS AVE
CITY-ST-ZIP PERY FL 32347

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

TITLE S ☒ DELETE
NAME THOMPSON, JULIE
STREET ADDRESS RT 5 BOX 650-9
CITY-ST-ZIP PERRY FL 32347

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), Florida Statutes. Further, I 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 #

CR2E037 (12/95)