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FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32347-4948**



3. Date Incorporated or Qualified  
**01/15/1971**

3a. Date of Last Report  
**03/19/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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

**MERRITT, CLYDE  
118 PACE DRIVE  
PERRY FL 32347**

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 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

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 **TR** ☐ Change ☒ Addition  
1.2 NAME **William Tom Smith**  
1.3 STREET ADDRESS **Rt. 5 Box 471-9**  
1.4 CITY-ST-ZIP **Perry, FL 32347**

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 **TR** ☐ Change ☒ Addition  
3.2 NAME **Richard Bennett**  
3.3 STREET ADDRESS **1114 Allen St.**  
3.4 CITY-ST-ZIP **Perry, FL 32347**

TITLE **T** ☐ DELETE  
NAME **HARDEN, DAVID**  
STREET ADDRESS **RT. 2, BOX 157**  
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 **LUNDY, SHARON**  
STREET ADDRESS **RT 5 BOX 602**  
CITY-ST-ZIP **PERRY FL 32347**

5.1 TITLE **S** ☐ Change ☒ Addition  
5.2 NAME **Carol Craft**  
5.3 STREET ADDRESS **Rt. 1 Box 1540**  
5.4 CITY-ST-ZIP **Perry, FL 32347**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do 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: *Carol Craft* Carol Craft

1/24/97 (904) 584-7441

CR2E037 (9/96)