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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

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

4. FEI Number: 59-1795656 ☐ Applied For ☐ Not Applicable

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	24 / 25	Zip / Country	29 / 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MERRITT, CLYDE
118 PACE DRIVE
PERRY FL 32347

10. Name and Address of New Registered Agent

81 Name: Smith, William Tom
82 Street Address (P.O. Box Number is Not Acceptable): Rt. 5 Box 471-9
83
84 City: Perry **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: William T Smith — William T. Smith (Signature, typed or printed name of registered agent and title if applicable; NOTE: Registered Agent signature required when reinstating) — 2/12/98 (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR SMITH, WILLIAM TOM RT 5 BOX 471-9 PERRY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR MERRITT, CLYDE 118 PACE DR PERRY FL 32347	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition TR Arvil L. Grubbs Rt. 5 Box 85 Perry, FL 32347
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BENNETT, RICHARD 1114 ALLEN ST. PERRY FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARDEN, DAVID RT. 2, BOX 157 PERY FL 32347	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CRAFT, CAROL RT 1 BOX 1540 PERRY FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/97)

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.

SIGNATURE: Carol Craft — Carol Craft — 2/12/98 — (850)584-7441