


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90014 040 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 720085</b>					
1. Corporation Name <b>NEW HOME MISSIONARY BAPTIST CHURCH OF PERRY, FLO RIDA, INCORPORATED</b>					
Principal Place of Business <b>405 E. HAMPTON SPRINGS AVENUE PERRY FL 32347</b>			Mailing Address <b>405 E. HAMPTON SPRINGS AVENUE PERRY FL 32347</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/15/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1795656	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SMITH, WILLIAM TOM</b> <b>RT. 5 BOX 471-9</b> <b>PERRY FL 32347</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

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 Trustee Chairman 1/19/99  
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SMITH, WILLIAM TOM		1.2 NAME				
STREET ADDRESS	RT 5 BOX 471-9		1.3 STREET ADDRESS				
CITY-ST-ZIP	PERRY FL		1.4 CITY-ST-ZIP				
TITLE	TR	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	GRUBBS, ARVIL L.		2.2 NAME	TR			
STREET ADDRESS	RT. 5 BOX 85		2.3 STREET ADDRESS	Glenn Ratliff			
CITY-ST-ZIP	PERRY FL 32347		2.4 CITY-ST-ZIP	Rt. 4 Box 159-C			
TITLE	TR	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	BENNETT, RICHARD		3.2 NAME	TR			
STREET ADDRESS	1114 ALLEN ST.		3.3 STREET ADDRESS	Glenn Whorton			
CITY-ST-ZIP	PERRY FL		3.4 CITY-ST-ZIP	Rt. 4 Box 314-B			
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HARDEN, DAVID		4.2 NAME				
STREET ADDRESS	RT. 2, BOX 157		4.3 STREET ADDRESS				
CITY-ST-ZIP	PERY FL 32347		4.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CRAFT, CAROL		5.2 NAME				
STREET ADDRESS	RT 1 BOX 1540		5.3 STREET ADDRESS				
CITY-ST-ZIP	PERRY FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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, with all other like empowered.

SIGNATURE: Carole L. Craft 1/19/99 (850) 584-7441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)