

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 12 AM 9:16

DOCUMENT # **727351** (9)

1. Corporation Name  
**MT. HERMON MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business <b>400 S. LEVIS AVENUE P.O. BOX 265 TARPON SPRINGS FL 34688</b>	Mailing Address <b>400 S. LEVIS AVENUE P.O. BOX 265 TARPON SPRINGS FL 34688</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/04/1973</b>	3a. Date of Last Report <b>03/08/1994</b>
4. FEI Number <b>59-2955629</b>	Applied For Not Applicable

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suits, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COLE, BRADLEY  
301 S VEVIS AVENUE  
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

B1 Name <b>COLE, BRADLEY E.</b>
B2 Street Address, (P.O. Box Number is Not Acceptable) <b>301 S. LEVIS AVENUE</b>
B3
B4 City <b>TARPON SPRINGS</b>
FL B5 Zip Code <b>34689</b>

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: *Bradley E. Cole* **BRADLEY E. COLE** DATE: **5/30/95**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S PARKER, KATIE 533 E LIME ST. TARPON SPRINGS FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D COLE, BRAD 301 S. LEVIS TARPON SPRINGS FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S PITTS, CLIFFORD, JR. 644 TIMBER BAY CIRCLE WY OLDSMAR FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PITTS, CLIFFORD, SR. 424 LINCOLN AVENUE TARPON SPRINGS FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T LANE, HERSHEL 9040 LEDGESTONE LN PORT RICHEY FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<b>S MR HARRIS, DWAYNE L. 825 LINCOLN AVENUE TARPON SPRINGS, FL 34689</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bradley E. Cole* **BRADLEY E. COLE** DATE: **5/30/95** TELEPHONE: **(813) 934-2729**