

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

DOCUMENT # 727351 (9)

1997 OCT -3 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MT. HERMON MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address  
400 S. LEVIS AVENUE 400 S. LEVIS AVENUE  
P.O. BOX 265 P.O. BOX 265  
TARPON SPRINGS, FL 34688 TARPON SPRINGS, FL 34688

2. Principal Place of Business 2a. Mailing Address  
21 400 S. LEVIS AVENUE 26 400 S. LEVIS AVENUE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 P.O. BOX 265 27 P.O. BOX 265  
City & State City & State  
23 TARPON SPRINGS, FL 28 TARPON SPRINGS, FL  
Zip Country Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
09/04/1973 02/09/1996  
4. FEI Number Applied For  
59-2955629 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  
COLE, BRADLEY  
301 S. LEVIS AVENUE  
TARPON SPRINGS, FL 34689

10. Name and Address of New Registered Agent  
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 NAME ☒ DELETE 1.1 TITLE D ☒ Change ☐ Addition  
NAME HARRIS, DWAYNE L  
STREET ADDRESS 825 LINCOLN AVE.  
CITY-ST-ZIP TARPON SPRINGS, FL  
TITLE NAME ☒ DELETE 2.1 TITLE D ☐ Change ☒ Addition  
NAME COLE, BRAD  
STREET ADDRESS 301 S. LEVIS AVE.  
CITY-ST-ZIP TARPON SPRINGS, FL  
TITLE NAME ☐ DELETE 3.1 TITLE S ☐ Change ☒ Addition  
NAME HERRING, LINDA  
STREET ADDRESS 919 HUNTER LANE  
CITY-ST-ZIP TARPON SPRINGS, FL  
TITLE NAME ☒ DELETE 4.1 TITLE 500002313635-6  
NAME LANE, HERSHEL ☐ Change ☐ Addition  
STREET ADDRESS 9040 LEDGESTONE LN  
CITY-ST-ZIP PORT RICHEY, FL  
TITLE NAME ☒ DELETE 5.1 TITLE T ☒ Change ☐ Addition  
NAME PITTS, CLIFFORD, JR  
STREET ADDRESS 644 TIMBER BAY CIRCLE WY  
CITY-ST-ZIP OLDSMAR, FL  
TITLE NAME ☒ DELETE 6.1 TITLE D ☐ Change ☒ Addition  
NAME PITTS, CLIFFORD, SR.  
STREET ADDRESS 424 LINCOLN AVE  
CITY-ST-ZIP TARPON SPRINGS, FL  
TITLE NAME ☒ DELETE 7.1 TITLE THOMPSON, JULIO  
NAME 500002313635-6  
STREET ADDRESS 409 BOYER ST. ☐ Change ☐ Addition  
CITY-ST-ZIP TARPON SPRINGS, FL  
FEE \$61.25 \$61.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: LINDA HERRING  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/97

813-938-7168  
813-937-7015

CR2E037 (9/96)