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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 727351

1. Corporation Name

MT. HERMON MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

400 S. LEVIS AVENUE  
P.O. BOX 265  
TARPON SPRINGS FL 34688  
US

Mailing Address

400 S. LEVIS AVENUE  
P.O. BOX 265  
TARPON SPRINGS FL 34688



|                                |                     |                     |                     |   |                                   |
|--------------------------------|---------------------|---------------------|---------------------|---|-----------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified                         |                                   |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 09/04/1973  |                                   |
| 22                             | City & State        | 27                  | City & State        | 4. FEI Number   | Applied For<br>Not Applicable     |
| 23                             | Zip                 | 28                  | Country             | 5. Certificate of Status Desired                          | \$8.75 Additional<br>Fee Required |
| 24                             | Country             | 29                  | Country             | 6. Election Campaign Financing<br>Trust Fund Contribution | \$5.00 May Be<br>Added to Fees    |

|  |  |  |  |  |  |                |                  |          |          |
|--|--|--|--|--|--|----------------|------------------|----------|----------|
| 9. Name and Address of Current Registered Agent                |  |  |  | 10. Name and Address of New Registered Agent |  |                |                  |          |          |
| COLE, BRADLEY<br>301 S LEVIS AVENUE<br>TARPON SPRINGS FL 34689 |  |  |  | 81   | Name   |                | BRADLEY COLE     |          |          |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |                | 301 LEVIS AVENUE |          |          |
|  |  |  |  | 83   |  |                |                  |          |          |
|  |  |  |  | 84   | City   | TARPON SPRINGS | 85               | Zip Code | FL 34689 |

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 officer 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: *Bradley E. Cole* DATE: 3/28/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------|---|---|
| TITLE                      | D                        | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LANE, HERSHEL            | 1.2 NAME  |   |
| STREET ADDRESS             | 9040 LEDGESTONE LN       | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PORT RICHEY FL           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                        | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COLE, BRADLEY            | 2.2 NAME  |   |
| STREET ADDRESS             | 301 S. LEVIS AVE         | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TARPON SPRINGS FL        | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S                        | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HERRING, LINDA           | 3.2 NAME  |   |
| STREET ADDRESS             | 919 HUNTER LANE          | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TARPON SPRINGS FL        | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | T                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PITTS, CLIFFORD JR       | 4.2 NAME  |   |
| STREET ADDRESS             | 644 TIMBER BAY CIRCLE W. | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OLDSMAR FL               | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | THOMPSON, JULIUS         | 5.2 NAME  |   |
| STREET ADDRESS             | 409 BOYER ST             | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TARPON SPRINGS FL        | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                          | 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: *Linda Herring* DATE: 3/28/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

007284

CR2F037-11/98