


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90010 024 \*\*\*\*70.00

**DOCUMENT # 727351**

1. Entity 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**

**24084811**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03112003 Chg-NP CR2E037-(10/03)

City & State  
 Zip Country

City & State  
 Zip Country

4. FEI Number  
**59-2955629**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COLE, BRADLEY**  
**301 LEVIS AVENUE**  
**TARPON SPRINGS, FL 34689**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **TD**  Delete  
 NAME **LANE, HERSHEL**  
 STREET ADDRESS **9040 LEDGESTONE LN**  
 CITY-ST-ZIP **PORT RICHEY, FL**

TITLE **VPD**  Change  Addition  
 NAME **Krisita Edwards**  
 STREET ADDRESS **400 S. Levis Ave**  
 CITY-ST-ZIP **Tarpon Springs, Fla. 34689**

TITLE **D**  Delete  
 NAME **COLE, BRADLEY**  
 STREET ADDRESS **301 S. LEVIS AVE**  
 CITY-ST-ZIP **TARPON SPRINGS, FL**

TITLE **D**  Change  Addition  
 NAME **Barbara Forbes**  
 STREET ADDRESS **400 S. Levis Ave**  
 CITY-ST-ZIP **Tarpon Springs, Fla. 34689**

TITLE **SD**  Delete  
 NAME **HERRING, LINDA**  
 STREET ADDRESS **919 HUNTER LANE**  
 CITY-ST-ZIP **TARPON SPRINGS, FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **PITTS, CLIFFORD JR**  
 STREET ADDRESS **644 TIMBER BAY CIRCLE W.**  
 CITY-ST-ZIP **OLDSMAR, FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

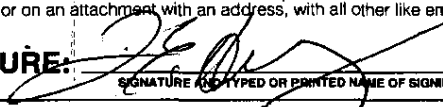
TITLE **D**  Delete  
 NAME **THOMPSON, JULIUS**  
 STREET ADDRESS **409 BOYER ST**  
 CITY-ST-ZIP **TARPON SPRINGS, FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **SMITH, MILTON B REV.**  
 STREET ADDRESS **1546 RIVER OAKS DR.**  
 CITY-ST-ZIP **TARPON SPRINGS, FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Linda E. Herring, Director** **9/7/04** **727-937-7015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #