

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT #

NO 2093

1. Corporation Name
LITTLE BETHEL MISSIONARY BAPTIST CHURCH Nr. 2 Inc.

900001829139
-05/20/96--01041--006
***61.25

2. Principal Place of Business
Principal Place of Business
**916 Booker Street
CANTONMENT, FLORIDA 32533**

3. Date Incorporated or Qualified
Apr 01, 1984
3a. Date of Last Report
May 01, 1995

21. **Booker Street**
Suite Apt. #, etc
916
City & State
Cantonment, Florida
Zip
32533

22. **916**
City & State
Cantonment, Florida
Zip
32533

23. **Cantonment, Florida**
Country
Escambia

24. **32533**
25. **Escambia**
26. **Ellington Street**
Suite Apt. #, etc
210
City & State
Cantonment, Florida
Zip
32533
27. **210**
City & State
Cantonment, Florida
Zip
32533
28. **Cantonment, Florida**
Country
Escambia
29. **32533**
30. **Escambia**

4. FEI Number
59-2410043

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
**PERDUE, JOHN H.
916 BOOKER STREET
CANTONMENT, FLORIDA 32533**

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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE BELTON, BENNIE N. 303 HICKS STREET CANTONMENT, FLORIDA 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE FLOYD, JAMES E. 3 QUARTERS RD CANTONMENT, FLORIDA 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE PERDUE, JOHN H. 210 ELLINGTON STREET CANTONMENT, FLORIDA 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input 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	<input 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

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SJR

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bennie N. Belton* Date: *4-28-96* Daytime Phone #: *968-3835*

CR2E037 (12/95)