

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05020 (5)
1. Corporation Name
PEDRO BAPTIST CHURCH, INC.



Principal Place of Business %MACDONALD SINARD 1990 SOUTHEAST HIGHWAY 42 SUMMERFIELD FL 34491 US	Mailing Address %MACDONALD SINARD 1990 SOUTHEAST HIGHWAY 42 SUMMERFIELD FL 34491 US
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3. Date Incorporated or Qualified 09/06/1984	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21. [] Suite, Apt. #, etc. 22. [] City & State 23. [] Zip 24. []	2a. Mailing Address 26. [] Suite, Apt. #, etc. 27. [] City & State 28. [] Zip 29. []	Country 25. []	Country 30. []
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4. FEI Number 59-1379719	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SINARD, MACDONALD
1990 SOUTHEAST HIGHWAY 42
SUMMERFIELD FL 32691**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. []
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, JIM	1.2 NAME	
STREET ADDRESS	18799 SE HIGHWAY 475	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL 34491	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRENSHAW, LARRY	2.2 NAME	
STREET ADDRESS	735 SE 170TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL 34491	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSIC, DEAN	3.2 NAME	
STREET ADDRESS	1560 SE 145TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL 34491	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 do 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.

CR2E037 (9/96)