SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 30 AM 10: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N11820** **(0)**

1. Corporation Name
GREATER PEACE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
P. O. BOX 1572 FT. WALTON BCH. FL 32579	P. O. BOX 1572 FT. WALTON BCH. FL 32579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1985
3a. Date of Last Report: 05/12/1994
4. FEI Number: 05-3540056 ☐ Applied For ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SEYMORE, CHANSTON REV.
337 HOLLYWOOD BLVD. NE
FT. WALTON BCH. FL 32548

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	TR	☐ Change ☒ Addition
NAME	WILLIAMS, DWIGHT	12 NAME	DRAKE, Eddie J.	
STREET ADDRESS	2751 KEATS DR.	13 STREET ADDRESS	45 NW Oakland Circle	
CITY · ST · ZIP	CRESTVIEW FL 32536	14 CITY · ST · ZIP	FT. WALTON BCH, FL 32548	
TITLE	V	21 TITLE	TR	☐ Change ☒ Addition
NAME	NORFLEET, GEORGE	22 NAME	HART, PATRICK.	
STREET ADDRESS	106 DYER	23 STREET ADDRESS	200 N. LORRAINE Drive	
CITY · ST · ZIP	NICEVILLE FL 32578	24 CITY · ST · ZIP	FT. WALTON BCH, FL 32548	
TITLE	S	31 TITLE	TR	☐ Change ☒ Addition
NAME	ASHLEY, VONCILE L	32 NAME	LAVADA MERELIA	
STREET ADDRESS	624 VIRGINIA OAK CT.	33 STREET ADDRESS	25 LAKEVIEW Drive	
CITY · ST · ZIP	FT. WALTON BCH. FL 32548	34 CITY · ST · ZIP	MARY ESTHER FL 32569	
TITLE	C	41 TITLE		☐ Change ☐ Addition
NAME	MIKE, FLORA	42 NAME		
STREET ADDRESS	APT. 3, LOU COURT	43 STREET ADDRESS		
CITY · ST · ZIP	FT. WALTON BCH. FL 32548	44 CITY · ST · ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	JACKSON, FRANK	52 NAME		
STREET ADDRESS	209 HILLS AVE.	53 STREET ADDRESS		
CITY · ST · ZIP	FT. WALTON BCH. FL 32548	54 CITY · ST · ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BAILEY, BARBARA	62 NAME		
STREET ADDRESS	34 MARILYN AVE.	63 STREET ADDRESS		
CITY · ST · ZIP	FT. WALTON BCH. FL 32548	64 CITY · ST · ZIP		

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: Vonile L. Ashley 16JUN95 904-882-5945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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