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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N11820

1. Corporation Name

GREATER PEACE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business
102 4TH ST
FT. WALTON BCH. FL 32578
US

Mailing Address
P. O. BOX 1572
FT. WALTON BCH. FL 32579



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1985	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 05-3540056	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

WILLIAMS, DWIGHT L
2751 KEATS DRIVE
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Applicable)
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Change
NAME	WILLIAMS, DWIGHT	1.2 NAME	WILLIAMS, DWIGHT
STREET ADDRESS	2751 KEATS DR.	1.3 STREET ADDRESS	2751 KEATS DR.
CITY-ST-ZIP	CRESTVIEW FL 32536	1.4 CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	T	2.1 TITLE	Change
NAME	DRAKE, EDDIE J	2.2 NAME	
STREET ADDRESS	45 NW OAKLAD CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL 32548	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	Change
NAME	ASHLEY, VONCILE L	3.2 NAME	
STREET ADDRESS	624 VIRGINIA OAK CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH. FL 32548	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Change
NAME	HART, PATRICK	4.2 NAME	
STREET ADDRESS	200 N LORRAINE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL 32548	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Change
NAME	JACKSON, FRANK	5.2 NAME	
STREET ADDRESS	209 HILLS AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH. FL 32548	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Change
NAME	BAILEY, BARBARA	6.2 NAME	
STREET ADDRESS	34 MARILYN AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH. FL 32548	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)