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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N18818** **(7)**

1. Corporation Name

MILESTONE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
8608 WESTVIEW LANE P.O. BOX 3232 PENSACOLA FL 32514 US	8608 WESTVIEW LANE P.O. BOX 3232 PENSACOLA FL 32516-3232 US

3. Date Incorporated or Qualified: 01/20/1987
3a. Date of Last Report: 06/19/1996

2. Principal Place of Business
21 3800 Pine Forest Road
22 Suite, Apt. #, etc.
23 City & State: Cantonment, Florida
24 Zip: 32533-7443
25 Country: USA

2a. Mailing Address
26 3800 Pine Forest Road
27 Suite, Apt. #, etc.
28 City & State: Cantonment, Florida
29 Zip: 32533-7443
30 Country: USA

4. FEI Number: 59-2221198 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRIS, JAMES F., JR.
8608 WESTVIEW LANE
PENSACOLA FL 32514

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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORTON, PERRY		1.2 NAME		
STREET ADDRESS	387 N. 57TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEAY, RAYMOND		2.2 NAME		
STREET ADDRESS	5510 PERKINS		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHUNN, HOWARD		3.2 NAME		
STREET ADDRESS	2233 ZANE GREY LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE _____ (PRINT NAME AND TITLE)