

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N25315 (5)

1. Corporation Name

PLANT CITY PRIMITIVE BAPTIST CHURCH, INC.



Principal Place of Business

**509 N. EVERS ST.
PLANT CITY FL 33564**

Mailing Address

**PO BOX 1406
PLANT CITY FL 33564
US**

3. Date Incorporated or Qualified
02/22/1988

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2547658

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VANN, MATTIE B.
4504 SELKIRK LANE E.
LAKELAND FL 33813**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P VANN, TOMMY
4312 GLENVIEW DRIVE
LAKELAND FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**V DAVIDSON, ALVIE
4285 GALLOWAY ROAD N.
LAKELAND FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**SD BAYLOUS, LAWSON L
502 W. GRANT STREET
PLANT CITY FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D VANN, MATTIE B
4504 SELKIRK LANE E.
LAKELAND FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**T Margaret Stewart
3807 C.A. Bugg Rd, So
PLANT CITY, FL 33566**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**T Karen Greer
606 W. Grant
Plant City, FL 33564**

6.1 TITLE ☐ Change ☐ Addition

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: X

Mattie B. Vann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96
Date

Daytime Phone

CR2E037 (12/95)