## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State\* . \* • DIVISION OF CORPORATIONS

1996

DOCUMENT # N25315

(5)

PLANT CITY PRIMITIVE BAPTIST CHURCH, INC.												
Principal Place of Business Mailing Address  509 N. EVERS ST. PO BOX 1406 PLANT CITY FL 33564 PLANT CITY FL 33564							I 10011481 910 11001 01100 11101 11004 BI		44011 <b>0</b> 1411	6/8/I BION 1881		
ł		US					3. Date Incorporated or Qualified 02/22/1988	3a. Dat	e of Last 3/02/1	Report 995	]	
· · ·	lace of Business	2a. Mailing Address					4. FEI Number	EQ-0E476E0			1	
21 Cuito Ant	Д	Suite Act + etc					1 Trock Applied				-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required					
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be						
23		28				Trust Fund Contribution			d to Fees	]		
Zip	Country	Zip		ountry			8. This corporation has liability for intangible tax under s. 199.032,			199.032,		
24		25   29   30   30   me and Address of Current Registered Agent				Florida Statutes						
	5. Harris and Address of Correct	megistered Agent		81	Name		10. Hallie and Address of New Ne	gistered A	gont		1	
VANN, MATTIE B.						70 C D					1	
	LKIRK LANE E.			82	Street i	Address (P.O. Box Number is Not Acceptable)		)				
LAKELAN	ND FL 33813			83							1	
				84	City			·	<b>85</b> Zi	p Code	-	
								<u>FL</u>		•		
11. Pursuant or register	to the provisions of Sections 617.0502 a red agent, or both, in the State of Florida ith, and accept the obligations of, Section	and 617.1508, Florida Statute a. Such change was authorize	s, the abo d by the o	ove-n	named co oration's	orporat board	ion submits this statement for the purpo of directors. I hereby accept the appoin	ose of char ntment as r	nging its r egistered	registered office Lagent, Lam		
familiar wi	ith, and accept the obligations of, Section	on 617.0503, Florida Statutes.					, , , , , , , , , , , , , , , , , , , ,					
SIGNATUR	Signature, typed or printed name of registered agent a	ad trije J apolicabije (NO)	E Registeren	L <b>A</b> nen	it signature m	eduzed w	hen rainstating)	DATE				
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	DRS IN 12	186	
TITLE	P DELETE			1.1 TITLE					Сћапде	Addition	[2	
NAME	VANN, TOMMY		1.2 NAME								CR2E037 (12/95)	
STREET ADDRESS	4312 GLENVIEW DRIVE LAKELAND FL		1.3 STREET ADDRESS								[띴	
CITY-ST-ZIP TITLE	V DELETE			1.4 CITY - ST - ZIP 2.1 TITLE					Change	Addition	18	
NAME	DAVIDSON, ALVIE							L	_ change	Addition		
STREET ADDRESS	4285 GALLOWAY ROAD N.		22 N		REET ADDRESS							
City-St-ZiP	LAKELAND FL				ST - ZIP							
TITLE	\$D DELETE			3 1 TITLE					Change	Addition	1	
NAME	BAYLOUS, LAWSON L			3 2 NAME *							-	
STREET ADDRESS				3 3 STREET ADDRESS								
CITY-ST-ZIP	PLANT CITY FL		_		ST · ZIP							
TITLE <b>D</b>	MANNI MATTIE D	☐ DELETE	4.1 TITLE					[	] Change	Addition		
NAME	VANN, MATTIE B 4504 SELKIRK LANE E.		4 2 N									
STREET ADDRESS	LAKELAND FL			4.3 STREET ADDRESS			60000183	357	<b>'</b> 6			
CITY-ST-ZIP				4 4 CITY - ST - ZIP 5 1 TITLE			-05/22/9601011093 <sub>Chance</sub> - Addition			Addition	┨	
NAME	2000 A. Bucc	Darl I	5 2 NAN				***61.25		J Silinige			
STREET ADDRESS	1001 C.FI Dagg	7001 C.FI Daga No. 50		5 3 STREET ADDRESS								
CITY-ST-ZIP	PLANT CITY, FL	LANT CITY, FL 33566		5 4 CITY - ST - ZIP								
TITLE T	Karen Green	wen Greer DELETE 61		I TITLE					Change	Addition	1	
NAME	Inthe w Grant	in 1 1 Coront		6 2 NAME					5-	21-96	,	
TITLE T Karen Greer DELETE  NAME  STREET ADDRESS  CITY-SI-ZIP  PLANT CITY (FL 38564)			635	6.3 STREET ADDRESS					<u> </u>	asa"		
CITY-ST-ZIP	MY-ST-ZIP YLQNI CNY, FL 33564			6 4 CITY-ST-ZIP					Ç			

14. I do hereby certify that the information supplied with this filling 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

Daytmie Phone #