


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N25315** (5)

1. Corporation Name

**PLANT CITY PRIMITIVE BAPTIST CHURCH, INC.**



Principal Place of Business <b>509 N. EVERS ST. PLANT CITY FL 33564</b>	Mailing Address <b>PO BOX 1406 PLANT CITY FL 33564 US</b>
--	--

3. Date Incorporated or Qualified <b>02/22/1988</b>
4. FEI Number <b>59-2547658</b>
Applied For Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>VANN, MATTIE B. 4504 SELKIRK LANE E. LAKELAND FL 33813</b>	
--	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
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 Mattie B. Vann DATE 1-22-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>VANN, TOMMY</b>
STREET ADDRESS	<b>4312 GLENVIEW DRIVE</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	V <input type="checkbox"/> DELETE
NAME	<b>DAVIDSON, ALVIE</b>
STREET ADDRESS	<b>4285 GALLOWAY ROAD N.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>BAYLOUS, LAWSON L</b>
STREET ADDRESS	<b>502 W. GRANT STREET</b>
CITY-ST-ZIP	<b>PLANT CITY FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>VANN, MATTIE B</b>
STREET ADDRESS	<b>4504 SELKIRK LANE E.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	T <input type="checkbox"/> DELETE
NAME	<b>STEWART, MARGARET</b>
STREET ADDRESS	<b>3807 C.A. BUGG ROAD SOUTH</b>
CITY-ST-ZIP	<b>PLANT CITY FL 33568</b>
TITLE	T <input type="checkbox"/> DELETE
NAME	<b>GREER, KAREN</b>
STREET ADDRESS	<b>606 WEST GRANT</b>
CITY-ST-ZIP	<b>PLANT CITY FL 33568</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Cheryl Davidson DATE: 1-22-98 941-878-6745

CR2E037 (10/97)