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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25315

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/22/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2547658	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

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

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 Mattie B. Vann DATE 1-21-99
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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANN, TOMMY	1.2 NAME	P. Elder Emory Proctor
STREET ADDRESS	4312 GLENVIEW DRIVE	1.3 STREET ADDRESS	608 N. Warnell St
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, ALVIE	2.2 NAME	
STREET ADDRESS	4285 GALLOWAY ROAD N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYLOUS, LAWSON L	3.2 NAME	TREASURER Dianne Davidson
STREET ADDRESS	502 W. GRANT STREET	3.3 STREET ADDRESS	4825 N. Galloway Rd
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	Lakeland, FL 33810
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANN, MATTIE B	4.2 NAME	
STREET ADDRESS	4504 SELKIRK LANE E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, MARGARET	5.2 NAME	Thomas Vann
STREET ADDRESS	3807 C.A. BUGG ROAD SOUTH	5.3 STREET ADDRESS	4312 Glenview Dr
CITY-ST-ZIP	PLANT CITY FL 33566	5.4 CITY-ST-ZIP	Lakeland, FL 33810
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, KAREN	6.2 NAME	
STREET ADDRESS	606 WEST GRANT	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	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: Dianne Davidson SIGNATURE: Dianne Davidson DATE: 1-12-99 (914) 858-6745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)