


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N26991 (2)			
1. Corporation Name SHANNON AVENUE BAPTIST CHURCH OF PLANT CITY, INC			
Principal Place of Business 1310 N SHANNON AVE PLANT CITY FL 33566 US		Mailing Address 1310 N SHANNON AVE PLANT CITY FL 33566-2534 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/17/1988		3a. Date of Last Report 02/16/1996	
4. FEI Number 59-2987702		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent SALYER, LARRY J 6303 FORESTWOOD DR., E LAKELAND FL 33811		10. Name and Address of New Registered Agent	
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, of 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.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
SIGNATURE <i>[Signature]</i> DATE 4/29/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MARTIN, RON		
STREET ADDRESS	4815 S. WALLACE ROAD		
CITY-ST-ZIP	PLANT CITY FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SALYER, LARRY		
STREET ADDRESS	6303 FORESTWOOD DR.E.		
CITY-ST-ZIP	LAKELAND FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	HUBBARD, GEORGE		
STREET ADDRESS	6616 LUNN RD		
CITY-ST-ZIP	LAKELAND FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SMITH, CHARLES		
STREET ADDRESS	11 N. JOHN MARTIN		
CITY-ST-ZIP	PLANT CITY FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	CLEMONS, STEVE		
STREET ADDRESS	1111 NORTH MCDAVID DRIVE		
CITY-ST-ZIP	PLANT CITY FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 checked="" type="checkbox"/> Addition	
3.2 NAME	RONALD HUBBARD		
3.3 STREET ADDRESS	6616 LUNN RD.		
3.4 CITY-ST-ZIP	LAKELAND, FL. 33811		
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 checked="" type="checkbox"/> Addition	
5.2 NAME	MICHAEL BARTLETT		
5.3 STREET ADDRESS	1115 RUSTIC EST.		
5.4 CITY-ST-ZIP	LAKELAND, FL. 33811		
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 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: <i>[Signature]</i> DATE: 4/29/97 (813) 754-5383			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)