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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26991** (2)
1. Corporation Name
SHANNON AVENUE BAPTIST CHURCH OF PLANT CITY, INC

Principal Place of Business	Mailing Address
1310 N SHANNON AVE PLANT CITY FL 33566 US	1310 N SHANNON AVE PLANT CITY FL 33566 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	06/17/1988		
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	
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
SALYER, LARRY J
6303 FORESTWOOD DR., E
LAKELAND FL 33811

81 Name	CHARLES L Smith, Sr.		
82 Street Address (P.O. Box Number is Not Acceptable)	11 N John MARTIN ST.		
83			
84 City	PLANT CITY	85 Zip Code	FL 33567

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 Charles L. Smith, Sr.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1-14-98

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 checked="" 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, RONALD
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	BARTLETT, MICHAEL
STREET ADDRESS	1115 RUSTIC E ST
CITY - ST - ZIP	LAKELAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOM SHIVLER
1.3 STREET ADDRESS	741 DON TAB WAY
1.4 CITY - ST - ZIP	PLANT CITY, FL 33565
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: Charles L. Smith, Sr. REQUIRED

1-14-98

813-252-8969

CR2E037 (10/97)