FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27087 (8)

1. Corporation Name

METROPOLITAN BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
%JULIAN A. HARRIS, JR. P.O. BOX 2807 PENSACOLA FL 32513	%JULIAN A. HARRIS, JR. P.O. BOX 2807 PENSACOLA FL 32513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1988
3a. Date of Last Report: 08/04/1994
4. FEI Number: 59-2963297 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRIS, JULIAN A,
2090 N. PALAFAX ST.
PENSACOLA FL 32501

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	D	1.1 TITLE	President	XX Change ☐ Addition
NAME	GULLEY, SAMUEL	1.2 NAME		
STREET ADDRESS	801 W. MALLORY ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	Director	XX Change ☐ Addition
NAME	HARRIS, LIZZIE H.	2.2 NAME	Erma L. Lewis	
STREET ADDRESS	207 STAFF DRIVE	2.3 STREET ADDRESS	403 Fairfax Dr.	
CITY-ST-ZIP	FT. WALTON BEACH FL	2.4 CITY-ST-ZIP	Pensacola, FL	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DUNSON, ROBERT	3.2 NAME		
STREET ADDRESS	2520 N. 7TH AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE	Director	XX Change ☐ Addition
NAME	WHITNER, JAMES E.	4.2 NAME	Lillie Johnson	
STREET ADDRESS	1130 PEPERIDGE DRIVE	4.3 STREET ADDRESS	2301 W. Michigan Ave. #30	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola, FL	
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, EDMOND S.	5.2 NAME		
STREET ADDRESS	6191 RINGOLD CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ZULA M.	6.2 NAME		
STREET ADDRESS	1241 W. LLOYD ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Samuel Gulley Samuel Gulley, President, April 28, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF MDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071200