FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

N27087

(8)

METROPOLITAN BAPTIST CHURCH, INC.

	of Rusiness	Mailing Address				
Principal Place of Business ***MULIAN A. HARRIS. JR. P.O. BOX 2807 PENSACOLA FL 32513		%JULIAN A. HARRIS, JR. P.O. BOX 2807 PENSACOLA FL 32513				
					 Date Incorporated or Qualified 06/22/1988 	3a. Date of Last Report 05/01/1995
	ace of Business	2a. Mailing Address			4. FEt Number 59-2963297	Applied For
Suite, Apt.	# ata	26			39 2903297	Not Applicable
		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip Country		Zip	h		8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30			Yes No
	9. Name and Address of Curre	nt Registered Agent		41 81	10. Name and Address of New Re	egistered Agent
LIADDIO	M M IAAL A		8	1 Name		
HARRIS, JULIAN A, 2090 N. PALAFAX ST.			8	2 Street	Address (P.O. Box Number is Not Acceptable	e)
	COLA FL 32501		8	3		
FEITOAL	OLA FE 32301		ا	1		
			8	4 City		FL 85 Zip Code
or register	to the provisions of Sections 617.050 red agent, or both, in the State of Flor th, and accept the obligations of, Sec Signature, typed or printed name of registered agen	rida. Such change was authobon 617.0503, Florida Statu	orized by the co ites.	rporation's	orporation submits this statement for the purp board of directors. I hereby accept the appo	oose of changing its registered office intment as registered agent. I am
12.	· - · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	(NOTE Hegistered A)	jent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 19
TITLE	P	DELETE	1.1 TITLE		TERRITORIO OFFICIO FO OFFI	Change Addition
NAME	GULLEY, SAMUEL	_	1.2 NAM	E		
STREET ADDRESS	801 W. MALLORY ST.		13 STRE	ET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CHTY	- S1 - ZIP		
TITLE	D	DELETE	21 TITLE			Change Addition
NAME	LEWIS, ERMA L		22 NAM	Ε		
STREET ADDRESS	403 FAIRFAX DRIVE		2 3 STRE	ET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2 4 CiTy			
THTLE	D BUNGON BODEDT	X DELETE	3 1 TITLE		Director	Change 🔲 Addition
NAME	DUNSON, ROBERT		32 NAM		Blount, Thalia Ren	
STREET ADDRESS	2520 N. 7TH AVENUE PENSACOLA FL			ET ADDRESS	7537 Southpointe P	
CITY-ST-ZIP TITLE	D D	DELETE	3 4. CITY		Pensacola, FL 3251 Secretary	
NAME	JOHNSON, LILLIE		4.1 Title		Secretary	Change Addition
STREET ADDRESS	2301 W. MICHIGAN AVE #30	n	4 2 NAM	et address	2201 W Mashans A	#20
CITY-ST-ZIP	PENSACOLA FL	•			2301 W. Michigan A Pensacola, FL	ve. #39
TITLE	V	X DELETE	4.4 CHY 5.1 TITLE		Tensacola, FL	Change Addition
NAME	JENKINS, EDMOND S.		5.2 NAM		Jenkins, Gracie E.	
STREET ADDRESS	6191 RINGOLD CIRCLE			ET ADDRESS	6191 Ringold Circl	e
CITY-ST-ZIP	PENSACOLA FL		5.5 CITY		Pensacola, FL	
TITLE	\$	DELETE	6 1 TITLE		Director	Change Addition
NAME	JOHNSON, ZULA M.		6.2 NAM			<u>. </u>
STREET ADDRESS	1241 W. LLOYD ST.			ET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY			

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)(k). 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 granged, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 Dete

Daytime Phone #

RE037 (12/95)