


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N27087</b> 1. Entity Name <b>METROPOLITAN BAPTIST CHURCH, INC.</b>	
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Principal Place of Business %JULIAN A. HARRIS, JR. P.O. BOX 2807 PENSACOLA FL 32513	Mailing Address %JULIAN A. HARRIS, JR. P.O. BOX 2807 PENSACOLA FL 32513
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-2963297</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HARRIS, JULIAN A, 2090 N. PALAFAX ST. PENSACOLA FL 32501</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>GULLEY, SAMUEL</b> <b>6040 TOULOUSE DRIVE</b> <b>PENSACOLA FL 32505</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>000000215582</b> <b>02/05/05-80013-023 61.25</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BLOUNT, THALIA R</b> <b>7537 SOUTHPOINTE PLACE</b> <b>PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LEWIS, ERMA L</b> <b>403 FAIRFAX DRIVE</b> <b>PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>JOHNSON, LILLIE</b> <b>2301 W MICHIGAN AVE #39</b> <b>PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>JENKINS, GRACIE E</b> <b>6191 RINGOLD CIRCLE</b> <b>PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>JOHNSON, ZULA M.</b> <b>1241 W. LLOYD ST.</b> <b>PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <i>Erma Lewis</i> <b>ERMA L LEWIS</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>2-2-05</b> Date	Daytime Phone #
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