04221999-90243-003-$61.25-$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90243 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

* D 543365 - 90001 - 33

DOCUMENT # **N33774**

1. Corporation Name
NEW PROSPECT MISSIONARY BAPTIST CHURCH OF OSLO. INC.

Principal Place of Business	Mailing Address
925 S.W. 9TH STREET VERO BEACH FL 32962	P.O. BOX 372 VERO BEACH FL 32961

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/16/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0181760 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JONES, DELOIS
2236 19TH AVE S.W.
VERO BEACH FL 32962

10. Name and Address of New Registered Agent

81 Name: Carolyn R. McNeal
82 Street Address (P.O. Box Number is Not Acceptable): 211 6th CT SW
83
84 City: Vero Beach FL 85 Zip Code: 32962

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: Carolyn R. McNeal — 5/5/99 (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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, WILLIE		1.2 NAME		
STREET ADDRESS	310 43RD AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32968		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DARRISAW, MARY ELLA		2.2 NAME		
STREET ADDRESS	310 43RD AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32968		2.4 CITY-ST-ZIP		
TITLE	FCT	☑ DELETE	3.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	JONES, DELOIS		3.2 NAME	Carolyn R. McNeal	
STREET ADDRESS	2236 19TH AVE SW		3.3 STREET ADDRESS	211 6th CT SW	
CITY-ST-ZIP	VERO BEACH FL 32962		3.4 CITY-ST-ZIP	Vero Beach, FL 32962	
TITLE	TC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COLSON, THOMAS		4.2 NAME		
STREET ADDRESS	1223 MCCRAY CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL 32962		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCNEAL, CAROLYN		5.2 NAME		
STREET ADDRESS	211 6TH COURT S.W.		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32962		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (1.1/98)

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, with all other like empowered.

SIGNATURE: Carolyn R. McNeal **REQUIRED** — 4-12-99 (Date) — (561) 562-4673 (Daytime Phone #)
SIGNATURE AND PRINT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR