


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 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 # N42095 (2)
1. Corporation Name
PALM TREE MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business 1275 KEITH AVENUE DELAND FL 32720	Mailing Address 1275 KEITH AVENUE DELAND FL 32720
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3. Date Incorporated or Qualified 02/15/1991	
4. FEI Number 59-3050898	Applied For <input type="checkbox"/> 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	

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 Country	29 Zip	30 Country

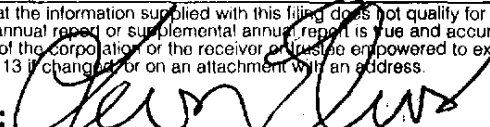
9. Name and Address of Current Registered Agent	
ELROD, LEON 1275 KEITH AVENUE DELAND FL 32720	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS					
TITLE	PD	ELROD, LEON		<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS	1275 KEITH AVENUE				
CITY-ST-ZIP	DELAND FL				
TITLE	VD	DRIVER, KENNY		<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS	1751 PERCH LANE				
CITY-ST-ZIP	SANFORD FL				
TITLE	SD	WOOLRIDGE, EARL		<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS	1571 DOYLE RD #6				
CITY-ST-ZIP	DELTONA FL				
TITLE	TD	MEDLIN, JERRY		<input checked="" type="checkbox"/> DELETE	
NAME					
STREET ADDRESS	2465 TREEHAVEN DR				
CITY-ST-ZIP	DELTONA FL				
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	TD	McClellan, James		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME					
1.3 STREET ADDRESS	1202 E. Villa Capri Cir.				
1.4 CITY-ST-ZIP	Deland, FL 32724				
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 changing or on an attachment with an address.

SIGNATURE:  4-5-98 407-632-9192

CR2E037 (10/97)