

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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55 MAY 19 11:10:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N42480** (6)

1. Corporation Name

NEW PHILADELPHIA COMMUNITY MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 15935
ST. PETERSBURG FL 33733

P.O. BOX 15935
ST. PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/13/1991

05/01/1994

4. FEI Number

Applied For

59-3051041

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt # etc

Suite, Apt # etc

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NESBITT, EDWARD M JR.
4526 YARMOUTH AVE. SO.
ST. PETERSBURG FL 33711

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 607.0902 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

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: CTR
NAME: NESBITT, EDWARD M JR.
STREET ADDRESS: 4526 YARMOUTH AV. SO.
CITY, ST, ZIP: ST. PETERSBURG FL

13.1 TITLE: TR
NAME: Melissa Harris
STREET ADDRESS: 2433 QUINCY ST. SO.
CITY, ST, ZIP: St. Pete., FL 33711
 Change Addition

12.2 TITLE: TTR
NAME: MCGEE, JACQUELINE
STREET ADDRESS: 4710 6TH AV. SO.
CITY, ST, ZIP: ST. PETERSBURG FL

13.2 TITLE: TR
NAME: Joyce Robinson
STREET ADDRESS: 3236 19TH AVE. SO.
CITY, ST, ZIP: St. Pete., FL 33712
 Change Addition

12.3 TITLE: TR
NAME: ROBINSON, JAMES
STREET ADDRESS: 3236 19TH AVE. SO.
CITY, ST, ZIP: ST. PETERSBURG FL

13.3 TITLE: TR
NAME: Mary Ann Robinson
STREET ADDRESS: 1049 27TH AV. SO.
CITY, ST, ZIP: St. Pete., FL 33712
 Change Addition

12.4 TITLE: STT
NAME: ROBINSON, MARY A
STREET ADDRESS: 1049 27TH AV. SO.
CITY, ST, ZIP: ST. PETERSBURG FL 33712

13.4 TITLE: VCTR
NAME: Edward Nesbitt Jr.
STREET ADDRESS: 4526 Yarmouth Av. So.
CITY, ST, ZIP: St. Pete., FL 33711
 Change Addition

12.5 TITLE: C
NAME: MCGEE, WYVONNIA
STREET ADDRESS: 4362 FAIRFIELD AV. SO.
CITY, ST, ZIP: ST. PETERSBURG FL

13.5 TITLE: S/TR
NAME: Jo Ann Nesbitt
STREET ADDRESS: 4526 Yarmouth Av. So.
CITY, ST, ZIP: St. Pete., FL 33711
 Change Addition

12.6 TITLE: VCTR
NAME: MCGEE, LIONEL
STREET ADDRESS: 4710 6TH AVENUE SOUTH
CITY, ST, ZIP: ST. PETERSBURG FL

13.6 TITLE: S/TR
NAME: Jo Ann Nesbitt
STREET ADDRESS: 4526 Yarmouth Av. So.
CITY, ST, ZIP: St. Pete., FL 33711
 Change Addition

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 139.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block C or Block C-1 of changed or on an attachment with an address.

SIGNATURE: *Edward M. Nesbitt Jr.* Edward M. Nesbitt Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-95 (813) 579-1527
Date

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **N42836 (9)**
1. Corporation Name
HIGH COURT HOMEOWNERS' ASSOCIATION, INC.

5/10/1995 10:15
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**% SARA G EARL
3303 THOMASVILLE ROAD
TALLAHASSEE FL 32312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/05/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3106675** Applied For Not Applicable

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

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

9. Name and Address of Current Registered Agent
**EARL, SARA G.
3303 THOMASVILLE ROAD
TALLAHASSEE FL 32312**

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 607.05(2) 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 607.05(5), Florida Statutes.

SIGNATURE: _____ (Signature of person filing this report) _____ (Signature of Registered Agent, signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	EARL, JOSHUA
STREET ADDRESS	1829 HIGH COURT
CITY, ST, ZIP	TALLAHASSEE FL
TITLE	VP
NAME	CINTRON, KIKO
STREET ADDRESS	1824 HIGH CT
CITY, ST, ZIP	TALLAHASSEE FL
TITLE	T
NAME	STRONG, GRACE
STREET ADDRESS	1815 HIGH CT
CITY, ST, ZIP	TALLAHASSEE FL
TITLE	S
NAME	STRONG, GRACE
STREET ADDRESS	1815 HIGH COURT
CITY, ST, ZIP	TALLAHASSEE FL
TITLE	D
NAME	EARL, SARA
STREET ADDRESS	3303 THOMASVILLE ROAD
CITY, ST, ZIP	TALLAHASSEE FL
TITLE	D
NAME	JOHNSON, TRINA
STREET ADDRESS	1818 HIGH COURT
CITY, ST, ZIP	TALLAHASSEE FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (N/A)

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 139.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my registration 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: *Sara G. Earl*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SARA G. EARL

5/15/95 (904)386-6160