

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N42480 (6)
1. Corporation Name

**NEW PHILADELPHIA COMMUNITY MISSIONARY BAPTIST CH
URCH, INC.**



Principal Place of Business: P.O. BOX 15935, ST. PETERSBURG FL 33733
Mailing Address: P.O. BOX 15935, ST. PETERSBURG FL 33733

3. Date Incorporated or Qualified: **03/13/1991**
3a. Date of Last Report: **05/19/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3051041		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

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

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: _____ 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	CTR	1.1 TITLE	TR
NAME	NESBITT, EDWARD M. JR.	1.2 NAME	Williams, Lorian
STREET ADDRESS	4526 YARMOUTH AV. SO.	1.3 STREET ADDRESS	2630 Mikol Terrace So.
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	St. Pete., FL 33712
TITLE	TTR	2.1 TITLE	TR
NAME	MCGEE, JACQUELINE	2.2 NAME	Conyers, Brenda
STREET ADDRESS	4710 6TH AV. SO.	2.3 STREET ADDRESS	1719 40th St. So.
CITY - ST - ZIP	ST. PETERSBURG FL	2.4 CITY - ST - ZIP	St. Pete., FL 33711
TITLE	TR	3.1 TITLE	TTR
NAME	ROBINSON, JAMES	3.2 NAME	Robinson, James
STREET ADDRESS	3236 19TH AVE. SO.	3.3 STREET ADDRESS	5899 7th St. So.
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	St. Pete., FL 33705
TITLE	TR	4.1 TITLE	TR
NAME	ROBINSON, MARY ANN	4.2 NAME	Nesbitt, JoAnn
STREET ADDRESS	1049 27TH AVE S	4.3 STREET ADDRESS	4526 Yarmouth Av. So.
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	St. Pete., FL 33711
TITLE	VCTR	5.1 TITLE	TR
NAME	MCGEE, WYVONNIA	5.2 NAME	MCGee, Wyvonnia
STREET ADDRESS	4362 FAIRFIELD AV. SO.	5.3 STREET ADDRESS	6284 12th So.
CITY - ST - ZIP	ST. PETERSBURG FL	5.4 CITY - ST - ZIP	St. Pete., FL 33705
TITLE	VCTR	6.1 TITLE	TR
NAME	MCGEE, LIONEL	6.2 NAME	Robinson, Joyce
STREET ADDRESS	4710 6TH AVENUE SOUTH	6.3 STREET ADDRESS	5899 7th St. So.
CITY - ST - ZIP	ST. PETERSBURG FL	6.4 CITY - ST - ZIP	St. Pete., FL 33705

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 changed, or on an attachment with an address

SIGNATURE: Edward M. Nesbitt Jr. Date: 8/4/96 Daytime Phone #: (813) 579-1527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward M. Nesbitt Jr.

CR2E037 (3/96)