


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 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 # N42480 (6)

1. Corporation Name
NEW PHILADELPHIA COMMUNITY MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business P.O. BOX 15835 ST. PETERSBURG FL 33733	Mailing Address P.O. BOX 15835 ST. PETERSBURG FL 33733
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3. Date Incorporated or Qualified 03/13/1991	
4. FEI Number 59-3051041	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 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 Zip
24 Country	29 Country
25	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	
TITLE CTR	<input type="checkbox"/> DELETE
NAME NESBITT, EDWARD M JR.	
STREET ADDRESS 4526 YARMOUTH AV. SO.	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE TR	<input type="checkbox"/> DELETE
NAME CONYERS, BRENDA	
STREET ADDRESS 1719 40TH STREET SOUTH	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE TR	<input type="checkbox"/> DELETE
NAME ROBINSON, JAMES	
STREET ADDRESS 5899 7TH STREET SOUTH	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE TR	<input type="checkbox"/> DELETE
NAME ROBINSON, MARY ANN	
STREET ADDRESS 1049 27TH AVE S	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE TR	<input type="checkbox"/> DELETE
NAME MCGEE, WYVONNIA	
STREET ADDRESS 6264 12TH STREET SOUTH	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE TR	<input type="checkbox"/> DELETE
NAME ROBINSON, JOYCE	
STREET ADDRESS 5899 7TH STREET SOUTH	
CITY-ST-ZIP ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robinson, Mary Ann
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 changed, or on an attachment with an address.

SIGNATURE: *Edward M. Nesbitt Jr.* Date: **7-6-98** Phone: **(813)579-1527**

CR2E037 (5/98)