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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N43165 (2)

1. Corporation Name

NORTH PEARL STREET BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

4003 NORTH PEARL STREET JACKSONVILLE FL 32206

4003 NORTH PEARL STREET JACKSONVILLE FL 32206-6407

3. Date Incorporated or Qualified 04/29/1991

3a. Date of Last Report 04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number 59-3143567

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, JOSHUA
4003 NORTH PEARL ST.
JACKSONVILLE FL 32206

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SMITH, JOSHUA
STREET ADDRESS 4003 N PEARL STREET
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE P
1.2 NAME LARRY THOMAS
1.3 STREET ADDRESS 11645 BRIDGES RD
1.4 CITY-ST-ZIP JACKSONVILLE FL

TITLE V
NAME MITCHELL, JOHNNY
STREET ADDRESS 2566 VERNON ST.
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE TR
2.2 NAME JOSHUA SMITH
2.3 STREET ADDRESS 4003 N PEARL STREET
2.4 CITY-ST-ZIP JAV FLA

TITLE S
NAME THOMAS, FAYE E
STREET ADDRESS 11645 BRIDGES RD
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TR
NAME SMITH, NEVILLE
STREET ADDRESS 4738 NELMAR PL
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TR
NAME MITCHELL, LOLA
STREET ADDRESS 2566 VERNON ST
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TR
NAME THOMAS, LARRY
STREET ADDRESS 11645 BRIDGES RD
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Rev. Larry Thomas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-97

Date

Daytime Phone #0004787

CR2E037 (9/96)