FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N45743

NEW MOUNT HERMAN MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address 1407 EAST IDA 1407 EAST IDA TAMPA FL 33603-4434 TAMPA FL 33603-4434 Date Incorporated or Qualified 10/24/1991 3s. Date of Last Report 02/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3092499 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zıp Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JACKSON, MARVIN P. Street Address (P.O. Box Number is Not Acceptable) 82 205 WEST DR. M.L. KING JR. BLVD. **B3** SUITE 204 **TAMPA FL 33603** City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 Addition Change DELETE TITLE 1.1 TITLE COBB. REV. J.L. NAME 1.2 NAME 4244 E. CURTIS ST. 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE SD GREEN, ARTRYE 2.2 NAME NAME 1308-17TH ST. 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Addition Change 31 TITLE ٧D TITLE KELLY, ELOISE 3.2 NAME NAME 3706 E. ELLIOTT ST. 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME COBB. ETHEL P. NAME 4244 E. CURTIS ST. 4.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition THILE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change DELETE ___ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

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.

64 CITY - ST- ZIP

CITY-ST-ZIP

SIGNATURE: REV. J.L. Cobb COLUMNIC OFFICER OR DIRECTOR

FILED

Jan 24 1997 8:00am

Secretary of State

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