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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N45743

(4)

NEW MOUNT HERMAN MISSIONARY BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 1407 EAST IDA 1407 EAST IDA 3. Date Incorporated or Qualified TAMPA FL 33603-4434 TAMPA FL 33603-4434 <u> 10/24/1991</u> 4. FEI Number Applied For 59-3092499 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. \$5.00 May Be Suite, Apt. #, etc. 6. Election Campaign Financing Added to Fees Trust Fund Contribution 27 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 23 28 Country Zip 8. This corporation owes or has paid the current year intangible Zip Country Personal Property Tax due June 30. 24 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) 205 WEST DR. M.L. KING JR. BLVD. 83 SUITE 204 **TAMPA FL 33603** 84 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE ☐ Change Addition 1.1 TITLE TITLE COBB, REV. J.L. 1.2 NAME NAME 4244 E. CURTIS ST. 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE GREEN, ARTRYE 2.2 NAME NAME 1308-17TH ST. 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE ۷D 3.1 TITLE KELLY, ELOISE NAME 3.2 NAME 3706 E. ELLIOTT ST. 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE COBB, ETHEL P. 4.2 NAME 4244 E. CURTIS ST. STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** 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: REVISERAGE RECUINED

CR2E037 (10/97)

FILED

Mar 06 1998 8:00am

Secretary of State