

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 13 PM 2:22

DOCUMENT # **N45756 (6)**  
1. Corporation Name  
**UNITED MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 352821 P.O. BOX 352821  
PALM COAST FL 32135 PALM COAST FL 32135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/25/1991** 3a. Date of Last Report **03/10/1994**  
4. FEI Number **59-3025871** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**LOWE, JOAN**  
**520 N RIDGEWOOD AVE**  
**DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, 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  
TITLE VD  
NAME MELTON, HUBERT  
STREET ADDRESS P.O. BOX 352821 N/A  
CITY-ST-ZIP PALM COAST FL  
TITLE D  
NAME IRVIN, MARION L.  
STREET ADDRESS P.O. BOX 201 N/A  
CITY-ST-ZIP BUNNELL FL  
TITLE SD  
NAME BYAS, EUNICE R.  
STREET ADDRESS P.O. BOX 353402 N/A  
CITY-ST-ZIP PALM COAST FL  
TITLE P  
NAME MELTON, INZZIA SOREY  
STREET ADDRESS 212 RAILROAD ST  
CITY-ST-ZIP BUNNELL FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME **D. Robert Reddick**  
2.3 STREET ADDRESS **P.O. Box 2465 N/A**  
2.4 CITY-ST-ZIP **Bunnell, FL. 32110**  
3.1 TITLE  Change  Addition  
3.2 NAME **SD Byas, Eunice R.**  
3.3 STREET ADDRESS **P.O. Box 352821 N/A**  
3.4 CITY-ST-ZIP **Palm Coast FL. 32137**  
4.1 TITLE  Change  Addition  
4.2 NAME **P Melton, Inzzia Sorey**  
4.3 STREET ADDRESS **P.O. Box 352821 N/A**  
4.4 CITY-ST-ZIP **Palm Coast FL. 32137**  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 19.07(3)(b), 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: *Inzzia Sorey Melton Inzzia Sorey Melton* 2-7-95 (904) 465-5294  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type or Print)