

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49072** (4)
1. Corporation Name
THE MOUNT PILGRIM AFRICAN BAPTIST CHURCH, INC.

Principal Place of Business 410 CLARA ST. MILTON FL 32570	Mailing Address P.O. BOX 321 MILTON FL 32572-0321 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1992		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3042845		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORGAN, ELAINE 3 WEBB CIRCLE MILTON FL 32570				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 *Elaine Morgan* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, VAUGHN W SR.	1.2 NAME	
STREET ADDRESS	4913 SOUTH LAKEWOOD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32404	1.4 CITY-ST-ZIP	
TITLE	MD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARKINS, JOANNA	2.2 NAME	
STREET ADDRESS	1105 MARKS PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, WADE	3.2 NAME	
STREET ADDRESS	7551 HOLMES ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP	
TITLE	MD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINS, DEBRA	4.2 NAME	
STREET ADDRESS	4232 WOODSVILLE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, ELAINE	5.2 NAME	
STREET ADDRESS	708 5TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	5.4 CITY-ST-ZIP	
TITLE	MD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, WILLIE C.	6.2 NAME	
STREET ADDRESS	6949 CYRIL JAUID RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELTON FL	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.

CP2E037 (9/96)