

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$196 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

REINSTATEMENT
CORPORATION
ANNUAL REPORT

1995-1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

96 NOV 15 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003464 (5)

1. Corporation Name

THE ST. MARKS MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

2905 NINETY-ONE MINE ROAD
BARTOW FL

2905 NINETY-ONE MINE ROAD
BARTOW FL

REINSTATEMENT

2. Date Incorporated or Qualified

07/29/1983

3a. Date of Last Report

08/24/1994

4. FEI Number

59-2339730

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$6.75 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

☒

FILING FEE IS
\$61.25

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

Florida Statutes

☐ Yes

☒ No

21. Principal Place of Business

22. Mailing Address

22. Suite, Apt. #, etc.

22. Suite, Apt. #, etc.

23. City & State

23. City & State

24. Zip

25. Country

24. Zip

25. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EADY, BILLY

2905 NINETY-ONE MINE ROAD
BARTOW FL

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

Billy Eady

Billy Eady

Nov. 14, 1996

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

NAME

STREET ADDRESS

CITY - ST - ZIP

PEOPLES, BEN
2980 MORRIS DRIVE
BARTOW FL 33830

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

BROWN, BUREN
1085 MAGNOLIA STREET
BARTOW FL 33830

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ROBINSON, EDDIE
2195 E. GIBBONS STREET
BARTOW FL 33830

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

BRUNDRIDGE, STILMER
965 CHILDS AVENUE, N.
BARTOW FL 33830

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SMART, CARLTON
9225 WHEELER STREET
BARTOW FL 33830

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

BROWNING, JOHN
WADSWORTH STREET
BARTOW FL 33830

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 119.07(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:

Stilmer Brundridge

11-1-96 941-533-4696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OFFICIAL USE

CP2507 (3/95)