

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:07

DOCUMENT # N93000004652 (4)

1. Corporation Name

PARADISE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
1112 E SCOTT ST 1112 E SCOTT ST
TAMPA FL 33602 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/13/1993	3a. Date of Last Report 08/08/1994
4. FEI Number 59-3122005	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under a. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**WILLIAMS, FRANK REV
1112 E SCOTT ST
TAMPA FL 33602**

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CCCC
NAME	WILLIAMS, DEBORAH J.
STREET ADDRESS	2605 EAST 18TH AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	T
NAME	MUTHERSON, CANNELLA
STREET ADDRESS	416 E. HUGH
CITY - ST - ZIP	TAMPA FL
TITLE	P
NAME	WILLIAMS, FRANK W.
STREET ADDRESS	416 EAST HUGH
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	LOCKETT, JAMES
STREET ADDRESS	1905 EAST POINSETTIA
CITY - ST - ZIP	TAMPA FL
TITLE	T
NAME	HOLTON, LAWRENCE
STREET ADDRESS	5628 EAST CHELSEA
CITY - ST - ZIP	TAMPA FL
TITLE	T
NAME	HAMPTON, NATHAN
STREET ADDRESS	1307 NORTH 127TH AVENUE
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Deacon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WYNNE Damien	
1.3 STREET ADDRESS	3808 N. 45th St.	
1.4 CITY - ST - ZIP	Tampa Florida 33605	
2.1 TITLE	Deacon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harold Stoney	
2.3 STREET ADDRESS	1236 Indiana	
2.4 CITY - ST - ZIP	Tampa, Florida 33602	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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: Rev Frank Williams / Frank Williams 6/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)