SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $200)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000000150 (2)**

1. Corporation Name
MT. GILEAD MISSIONARY BAPTIST CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1313 DIVISION AVENUE WEST PALM BEACH FL 33407	1313 DIVISION AVENUE WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified: 01/11/1994
3a. Date of Last Report:
4. FEI Number: 65-0515044 — XXX 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 ☒ — FILING FEE IS $61.25
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCRAY, DARRIN
1468 13TH STREET
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Milton Perkins
82 Street Address (P.O. Box Number is Not Acceptable): 1433 7 street
83
84 City: West Palm Beach — FL — 85 Zip Code: 33401

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: Board of Directors Chairman — Milton Perkins — July 5, 1995
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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, TOMMIE S R	1.2 NAME		
STREET ADDRESS	1372 8TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCRAY, DARRIN	2.2 NAME		
STREET ADDRESS	1313 DIVISION AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	WILKERSON, WILLIE	3.2 NAME		
STREET ADDRESS	1001 2ND STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BELL, WILLIE L	4.2 NAME		
STREET ADDRESS	301 2 15TH WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404	4.4 CITY-ST-ZIP		
TITLE	Milton Perkins	5.1 TITLE	Board of Directors Chairman	☐ Change ☒ Addition
NAME	1433 7 street	5.2 NAME	Milton Perkins	
STREET ADDRESS	West Palm Beach Florida, 33401	5.3 STREET ADDRESS	1433 7 street	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	West Palm Beach Florida, 33401	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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: Milton Perkins — Milton Perkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010461