FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400000150 (2)

MT. GILEAD MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address 1313 DIVISION AVENUE WEST PALM BEACH FL 33407 1313 DIVISION AVENUE 3. Date Incorporated or Qualified WEST PALM BEACH FL 33407 01/11/1994 4. FEI Number Applied For Not Applicable 65-0515044 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional П 5. Certificate of Status Desired Fee Required 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? □ Үев Z No 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PERKINS. MILTON 82 Street Address (P.O. Box Number is Not Acceptable) 1433 7TH ST В3 WEST PALM EBAHC FL 33401 64 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change Addition DELETE 1.1 TITLE TITLE ANDERSON, TOMMIE S R 1.2 NAME NAME

1372 8TH STREET 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE MCCRAY, DARRIN 2.2 NAME NAME 1313 DIVISION AVE STREET ADDRESS 2.3 STREET ADDRESS **WEST PALM BEACH FL 33407** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETÉ 3.1 TITLE TITLE **WILKERSON, WILLIE** 3.2 NAME NAME 1001 2ND STREET 3.3 STREET ADDRESS STREET ADDRESS **RIVIERA BEACH FL 33404** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME **BELL. WILLIE L** 4.2 NAME STREET ADDRESS 301 W 16TH WAY 4.3 STREET ADDRESS RIVIERA BEACH FL 33404 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DFLETE 5.1 TITLE TITLE BODC PERKINS, MILTOM 5.2 NAME NAME STREET ADDRESS 1433 7TH ST **5.3 STREET ADDRESS** WEST PALM EBAHC FL CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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.

FILED

Jan 23 1998 8:00am

Secretary of State