

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

02-23-2004 90053 049 *****61.20
03-10-2004 90014 047 *****8.80

DOCUMENT # N94000000150	
1. Entity Name MT. GILEAD MISSIONARY BAPTIST CHURCH, INC.	

Principal Place of Business 1313 DIVISION AVENUE WEST PALM BEACH FL 33407	Mailing Address 1313 DIVISION AVENUE WEST PALM BEACH FL 33407
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

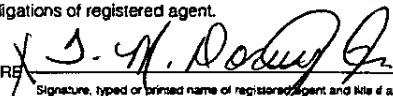


MOORE CR2E037 (11/03)

4. FEI Number 65-0515044	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PERKINS, MILTON 1433 7TH STREET WEST PALM BEACH FL 33401	7. Name and Address of New Registered Agent Name THEODORE M. DORITY JR. Street Address (P.O. Box Number is Not Acceptable) 1012 INDIAN TRAIL CIRCLE #107 City WEST PALM BEACH FL Zip Code 33407
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

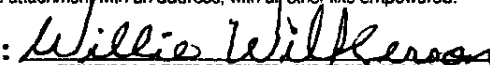
SIGNATURE  DATE _____

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, TOMMIE S R 1372 8TH STREET WEST PALM BEACH FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTRB THEODORE M. DORITY JR. 1012 INDIAN TRAIL CIRCLE #107 West Palm Beach, FL 33407 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKERSON, WILLIE 1001 2ND STREET RIVIERA BEACH FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL-WILLIE L. 301 W 16TH WAY RIVIERA BEACH FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTRB PERKINS, MILTON 1433 7TH STREET WEST PALM BEACH FL 33401 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **2/15/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #