FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAY -1 PM 1:06

DOCUMENT # **N94000005705 (8)**

1. Corporation Name

SPIRIT OF CHRIST MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
1815 PARKER AVENUE WEST PALM BEACH FL 33401	P.O. BOX 358 WEST PALM BEACH FL 33402-0358

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1994
3a. Date of Last Report:
4. FEI Number: 65-0466158 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 5865 Haverhill Road	2a. Mailing Address 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23 West Palm Beach, Fl 33407	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 33407 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCOTT, LARRYISSAC F 1815 PARKER AVENUE WEST PALM BEACH FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 5865 Haverhill Road 83 84 City: West Palm Beach **FL** 85 Zip Code: 33407

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of current registered agent and title if applicable) (NOTE: Registered Agent signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	P/D(Pastor) ☐ Change ☒ Addition
NAME		12 NAME	Rev. LarryIssac F. Scott I
STREET ADDRESS		13 STREET ADDRESS	622 Whitewater Dr.
CITY ST ZIP		14 CITY ST ZIP	West Palm Beach, Fl 33413
TITLE		21 TITLE	D ☐ Change ☒ Addition
NAME		22 NAME	Min. Dorothy A. Adams
STREET ADDRESS		23 STREET ADDRESS	5071 Willow Pond Rd W.
CITY ST ZIP		24 CITY ST ZIP	West Palm Beach, Fl 33417-8135
TITLE		31 TITLE	D ☐ Change ☒ Addition
NAME		32 NAME	Willie Bryant
STREET ADDRESS		33 STREET ADDRESS	5865 Haverhill Rd - # 4803
CITY ST ZIP		34 CITY ST ZIP	West Palm Beach, Fl 33407
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

REMITTED BY MAY 1

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 added on an attachment with an address.

SIGNATURE: Dorothy A. Adams 04/25/95 407-640-0109

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

Dorothy A. Adams

0047721