SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) FLORIDA DEPARTMENT OF STATE NONPROFIT Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 N95000003020 (3) DOCUMENT # EVERYBODY'S TABERNACLE MISSIONARY BAPTIST CHURCH INC. Mailing Address Principal Place of Business 800001897068 RT 2 BOX 1676 -07/17/96--01090--005 RT 2 BOX 1676 HIGH SPRINGS FL 32643 HIGH SPRINGS FL 32643 3. Date incorporated or Qualified 3a. Date of Last Report 06/23/1995 Applied For 4. FEI Number 2a. Mailing Address EVEF 16 Vby 2. Principal Place of Business Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 10. Name and Address of New Registered Agent ddress of Current Registered Agent 81 Name KELLY, DONALD 82 855 SE LINCOLN AVENUE 83 HIGH SPRINGS FL Apporation submits tols statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-hame office or registered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with end accept the obligations of, Seqtion 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E) OFFICERS AND DIRECTORS 13. 12 Change DELETE 1.1 TITLE TITLE 21621 NWO CR2E037 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 21 TITLE TITLE athasha 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Addition CITY-ST-ZIP DELETE 3.1 TITLE TITLE toria williams 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP Addition CITY-ST-ZIP SYLES 41 TITLE DELETE TITLE Kally 4 2 NAME nonald NAME 4.3 STREET ADDRESS 80+ STREET ADDRESS 4.4 CITY - ST - ZIP Addition CITY-ST-ZIP DELETE 51 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP Addition CITY-ST-ZIP DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 119.07(3). If 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 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 11 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. Llerida Statutes. I legal effect as if ida Statutes; and fortaning 1) SIGNATURE:

0003259