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Jun 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000004641 (5)

1. Corporation Name

PEOPLE'S BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

7318 W TENNESSEE ST
TALLAHASSEE FL 32303

7318 W TENNESSEE ST
TALLAHASSEE FL 32304-9328

3. Date Incorporated or Qualified
09/29/1995

3a. Date of Last Report
07/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

APPLIED FOR 57-3332993

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYANT, JOE A
4183 LOUVINIA DR.
TALLAHASSEE FL 32311

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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 VD
NAME POPE, IRA
STREET ADDRESS RT 2 BOX 860
CITY-ST-ZIP HAVANA FL 32333

DELETE

TITLE TD
NAME HEADRICK, DARREN E
STREET ADDRESS 5220 10 CRAWFORDVILLE HWY.
CITY-ST-ZIP TALLAHASSEE FL 32310

DELETE

TITLE SD
NAME ALLEN, ROGER
STREET ADDRESS 4207 LOUVINIA DR.
CITY-ST-ZIP TALLAHASSEE FL 32311

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE SDT
1.2 NAME ALLEN, ROGER
1.3 STREET ADDRESS 4207 LOUVINIA DR.
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32311

Change Addition

2.1 TITLE PD
2.2 NAME BRYANT, JOE A
2.3 STREET ADDRESS 4183 LOUVINIA DR.
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32311

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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.

CR2E037 (9/96)