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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004691 (0)**

1. Corporation Name

MICHIGAN AVENUE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

2610 MICHIGAN AVE
PENSACOLA FL 32526

Mailing Address

2610 MICHIGAN AVE
PENSACOLA FL 32526-2213



3. Date Incorporated or Qualified 09/29/1995	3a. Date of Last Report 05/01/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BLACKMON, BOBBY
716 BELAIR RD
PENSACOLA FL 32505**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2532 Sonoma Calzada
83	
84 City	Pensacola
85 State	FL
86 Zip Code	32507

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	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKMON, BOBBY	1.2 NAME	Danice V Styltz
STREET ADDRESS	716 BELAIR RD	1.3 STREET ADDRESS	6530 N Palatka
CITY-ST-ZIP	PENSACOLA FL 32505	1.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, JOHN C	2.2 NAME	Bobby Blackmon
STREET ADDRESS	7741 GAUNDY ST	2.3 STREET ADDRESS	2532 Sonoma Calzada
CITY-ST-ZIP	PENSACOLA FL 32507	2.4 CITY-ST-ZIP	Pensacola FL 32507
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOXTATOR, JOSEPH S	3.2 NAME	
STREET ADDRESS	8720 GULF BEACH HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, DEBORAH	4.2 NAME	
STREET ADDRESS	7741 GAUNDY ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, RALPH H	5.2 NAME	
STREET ADDRESS	2415 FARRIS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97 (904)434-6176

Date

Daytime Phone # **0073277**

CR2E037 (9/96)