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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**2610 MICHIGAN AVE
PENSACOLA FL 32526**

**2610 MICHIGAN AVE
PENSACOLA FL 32526**

3. Date Incorporated or Qualified

09/29/1985

4. FEI Number

59-3467542

Applied For

NOT APPLICABLE

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2415 Farris Ave

26 P.O. Box 37326

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Pensacola FL

28 Pensacola FL

Zip

Country

Zip

Country

24 32526

25

29 32526

30

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACKMON, BOBBY
2532 SONONA CALZADA
PENSACOLA FL 32507**

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

OFFICERS AND DIRECTORS

TITLE

D

☒ DELETE

NAME

BLACKMON, BOBBY

STREET ADDRESS

716 BELAIN RD

CITY - ST - ZIP

PENSACOLA FL 32505

TITLE

D

☐ DELETE

NAME

STULTZ, JANICE V

STREET ADDRESS

6530 N. PALAFOX

CITY - ST - ZIP

PENSACOLA FL

TITLE

DT

☐ DELETE

NAME

BLACKMAN, BOBBY

STREET ADDRESS

2532 SONONA CALZADA

CITY - ST - ZIP

PENSACOLA FL

TITLE

D

☐ DELETE

NAME

ALLEN, RALPH H

STREET ADDRESS

2415 FARRIS AVE

CITY - ST - ZIP

PENSACOLA FL 32526

TITLE

D

☐ DELETE

NAME

ALLEN, RALPH H

STREET ADDRESS

2415 FARRIS AVE

CITY - ST - ZIP

PENSACOLA FL 32526

TITLE

D

☐ DELETE

NAME

ALLEN, RALPH H

STREET ADDRESS

2415 FARRIS AVE

CITY - ST - ZIP

PENSACOLA FL 32526

TITLE

D

☐ DELETE

NAME

ALLEN, RALPH H

STREET ADDRESS

2415 FARRIS AVE

CITY - ST - ZIP

PENSACOLA FL 32526

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 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:



**Bobby Blackmon 4-15-98 8:50
434-6176**

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