

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

97 AUG 22 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000006236 (1) 1. Corporation Name PHILEMON MISSIONARY BAPTIST CHURCH A FULL GOSPEL MINISTRY, INC.			
Principal Place of Business 5827 DUNMIRE AVENUE JACKSONVILLE FL 32219		Mailing Address 5827 DUNMIRE AVENUE JACKSONVILLE FL 32219	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 12/05/1996		3a. Date of Last Report 2-9-97	
4. FEI Number 59-2932366		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SIMPSON, ALBERT JR 6775 JACK HORNER LANE JACKSONVILLE FL 32210		10. Name and Address of New Registered Agent 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, ALBERT JR	1.2 NAME	
STREET ADDRESS	6775 JACK HORNER LANE	1.3 STREET ADDRESS	500002277155--9
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	-08/26/97--01026--006
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, ALBERT SR	2.2 NAME	
STREET ADDRESS	5740 BREE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, ZANNIE DEACON	3.2 NAME	
STREET ADDRESS	1830 DECOTTES STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, SUSIE A	4.2 NAME	
STREET ADDRESS	1742 WEST 21ST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, MARY	5.2 NAME	
STREET ADDRESS	6783 JACK HORNER LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	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 REQUIRED

8-19-97

CR2E037 (4/97)