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Aug 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002844 (5)**

1. Corporation Name

FIRST SHEPHERD MISSIONARY BAPTIST CHURCH INCORPORATED

Principal Place of Business

Mailing Address

800 W. CANAL STREET
BELLE GLADE FL 33493
33430

800 W. CANAL STREET
BELLE GLADE FL 33493

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

197000002844

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

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

10. Name and Address of New Registered Agent

2. Principal Place of Business
21 800 W Canal Street
Suite, Apt. #, etc.
22 Belle Glade FLA
City & State
23 SPme
Zip
24 33430
Country
25 Palm Beach County
26 800 W Canal Street
Suite, Apt. #, etc.
27 Belle Glade FLA
City & State
28 33430
Country
29 Palm Beach FLA
30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name Rev. Franklyn Nelson Jr. Dr.
82 Street Address (P.O. Box Number is Not Acceptable)
83 First Shepherd Missionary Baptist
Church Incorporated
84 City 800 W Canal St Belle Glade FL
85 Zip Code 33493

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 Rev Franklyn Nelson Jr. Dr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	First Shepherd Missionary Baptist Church	DELETE
NAME	800 W Canal Street Belle Glade FLA 33430	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director Bryan A Nelson	DELETE
NAME	430 Jimmy Lou Ct	
STREET ADDRESS	P.O. Box 2 South Bay FLA	
CITY-ST-ZIP		
TITLE	Christen V. Nelson	DELETE
NAME	430 Jimmy Lou Ct	
STREET ADDRESS	P.O. Box 2 South Bay FLA	
CITY-ST-ZIP		
TITLE	Director 430 Jimmy Lou Ct	DELETE
NAME	Harry James Nelson	
STREET ADDRESS	P.O. Box 2 South Bay FLA	
CITY-ST-ZIP		
TITLE	246 NW 4th St South Bay FLA	DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Mrs Willie Mae Nelson	DELETE
NAME	Jimmy Lou Ct South Bay FLA	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Mr Joe White	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	301 W. Canal St. Belle Glade FLA	
1.3 STREET ADDRESS	1403 West Ave 9	
1.4 CITY-ST-ZIP		
2.1 TITLE	Mr James Frasier	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	230 E Rex Ct. South Bay FLA	
2.3 STREET ADDRESS	801 West Canal St	
2.4 CITY-ST-ZIP		
3.1 TITLE	Mr. Moverin Brown	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NA	
3.3 STREET ADDRESS	P.O. Box 2 South Bay FLA	
3.4 CITY-ST-ZIP		
4.1 TITLE	Eddie Lee McCall Jr	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	455 Yarnwood Ave.	
4.3 STREET ADDRESS	South Bay FLA 33493	
4.4 CITY-ST-ZIP		
5.1 TITLE	Rev R.B. Utwin	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	2711 Florida Ave	
5.3 STREET ADDRESS	Fort Lauderdale FLA	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev Franklyn Nelson Jr 561 996 6986

CR2E037 (10/97)