

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 29 1998 8:00am
 Secretary of State

0007968

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000007067 (8)

1. Corporation Name
 ST. MARY'S PRIMITIVE BAPTIST CHURCH OF PLANT CITY, INC.



Principal Place of Business: 902 E. RENFRO ST. PLANT CITY FL 33564-3415
 Mailing Address: 902 E. RENFRO ST. PLANT CITY FL 33564-3415

3. Date Incorporated or Qualified: 12/19/1997
 4. FEI Number: 59-3415773

2. Principal Place of Business: 21 Suite, Apt. #, etc.
 22 City & State: 23
 24 Zip: 25
 26 Mailing Address: 26 P.O. Box 3415
 27 Suite, Apt. #, etc.
 28 City & State: 28 Plant City FL
 29 Zip: 29 33564
 30 Country: 30 Hillsborough

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
 MOORE, MICHAEL G
 2171 PINE RIDGE ROAD, STE. D
 NAPLES FL 34109

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Timothy S. Knighten Sr.	
1.3 STREET ADDRESS	3904 Creek Way	
1.4 CITY-ST-ZIP	Plant City FL 33567	
2.1 TITLE	D Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Earl D. Knighten Sr.	
2.3 STREET ADDRESS	620 Charlotte St	
2.4 CITY-ST-ZIP	Plant City FL 33566	
3.1 TITLE	D Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stella M. Brown	
3.3 STREET ADDRESS	604 Bethune Dr.	
3.4 CITY-ST-ZIP	Plant City FL 33566	
4.1 TITLE	T Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dawn S. Knighten Sr.	
4.3 STREET ADDRESS	1813 Bird St.	
4.4 CITY-ST-ZIP	Plant City FL 33564	
5.1 TITLE	T Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Andrew S. Dixon	
5.3 STREET ADDRESS	709 S. Marshall	
5.4 CITY-ST-ZIP	Plant City FL 33566	
6.1 TITLE	T Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Henry L. Murphy	
6.3 STREET ADDRESS	1316 E. Tennessee St.	
6.4 CITY-ST-ZIP	Plant City FL 33566	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: *Timothy S. Knighten Sr.* 7-6-98 (83) 754-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)