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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000007067

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

P. O. BOX 3415
 PLANT CITY FL 33564
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/19/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3415773

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 DELETE
 NAME **DP KNIGHTER, SR. T**
 STREET ADDRESS **3804 CREEKWAY**
 CITY-ST-ZIP **PLANT CITY FL 33567**

1.1 TITLE Change Addition
 1.2 NAME **Knighter**
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **DVP KNIGHTER, SR. E**
 STREET ADDRESS **620 CHARLOW COURT**
 CITY-ST-ZIP **PLANT CITY FL 33566**

2.1 TITLE Change Addition
 2.2 NAME **Knighter**
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **DS BROWN, STELLA M.**
 STREET ADDRESS **604 BETHUNE DR**
 CITY-ST-ZIP **PLANT CITY FL 33566**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **T KNIGHTER, SR. D**
 STREET ADDRESS **1813 BRAD ST**
 CITY-ST-ZIP **PLANT CITY FL 33564**

4.1 TITLE Change Addition
 4.2 NAME **Knighter**
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **TM DIXON, ANDREW J.**
 STREET ADDRESS **709 S MARSHALL**
 CITY-ST-ZIP **PLANT CITY FL 33566**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **TM MURPHY, HENRY L.**
 STREET ADDRESS **1316 E TENNESSEE ST**
 CITY-ST-ZIP **PLANT CITY FL 33566**

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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 (813) 751-1616
 Date Daytime Phone #

CR2E037 (1/198)