


**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90087 032 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N98000004159**

1. Corporation Name

**ST. LEWIS MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business

22300 WHITMAN ROAD  
BROOKSVILLE FL 34601

Mailing Address

22300 WHITMAN ROAD  
BROOKSVILLE FL 34601

2. Principal Place of Business

21 *St. Lewis M. B. Church*  
Suite, Apt. #, etc.

22. Mailing Address

22 *22300 Whitman Rd.*  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

07/16/1998

4. FEI Number

65-0825291

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing ☐**\$5.00** May Be  
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

FLETCHER, BERNICE N  
22300 WHITMAN ROAD  
BROOKSVILLE FL 34601

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

*Fletcher, Bernice N.*

(NOTE: Registered Agent signature required when reinstating)

DATE *Jan 6, 1999*

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME D  
FLETCHER, ROY R  
STREET ADDRESS 22300 WHITMAN ROAD  
CITY-ST-ZIP BROOKSVILLE FL 34601TITLE ☐ DELETENAME D  
NEWTON, THOMAS C  
STREET ADDRESS P.O. BOX 492  
CITY-ST-ZIP BROOKSVILLE FL 34605TITLE ☐ DELETENAME D  
FLETCHER, BERNICE N  
STREET ADDRESS 22300 WHITMAN ROAD  
CITY-ST-ZIP BROOKSVILLE FL 34601TITLE ☐ DELETENAME D  
FRIBLEY, GEORGE  
STREET ADDRESS 27103 AUBREY AVENUE  
CITY-ST-ZIP BROOKSVILLE FL 34602TITLE ☐ DELETENAME D  
HOWARD, PAMELA F  
STREET ADDRESS 11950 BROAD STREET  
CITY-ST-ZIP BROOKSVILLE FL 34601TITLE ☐ DELETENAME D  
STEPHENS, EARNESTINE  
STREET ADDRESS 22487 JACOBSON ROAD  
CITY-ST-ZIP BROOKSVILLE FL 34601

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐

6.1 TITLE

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:

*Bernice N. Fletcher*  
**SIGNATURE REQUIRED AGENT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*652-1771*