

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727864 (1)**

1. Corporation Name  
**MARIANNA BAPTIST TEMPLE, INCORPORATED**



Principal Place of Business <b>2494 HWY 71 S MARIANNA FL 82244-253 US</b>	Mailing Address <b>2494 HWY 71 S MARIANNA FL 82244-253 US</b>
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3. Date Incorporated or Qualified <b>10/25/1973</b>		
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**RAY JR, JOHNNIE  
1971 HOPE SCHOOL DR.  
MARIANNA FL 32448-74-1**

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 Johnnie Ray, Jr. *Johnnie Ray, Jr.* **President** 4/5/98  
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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OXENDINE, GARY U</b>	
STREET ADDRESS	<b>3193 ADAMS ST.</b>	
CITY-ST-ZIP	<b>COTTONDALE FL 32431</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RAY, JONNIE JR</b>	
STREET ADDRESS	<b>1971 HOPE SCHOOL DR.</b>	
CITY-ST-ZIP	<b>MARIANNA FL 32448</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>RAY, ANNE</b>	
STREET ADDRESS	<b>1971 HOPE SCHOOL DR</b>	
CITY-ST-ZIP	<b>MARIANNA FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GALLIGUGH, SUE</b>	
STREET ADDRESS	<b>611 OLIVE DR.</b>	
CITY-ST-ZIP	<b>ALFORD FL 32420</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SAPP, DALLAS R</b>	
STREET ADDRESS	<b>28262 COUNTRY OAK DR.</b>	
CITY-ST-ZIP	<b>COTTONDALE FL 32431</b>	
TITLE	<b>I</b>	<input type="checkbox"/> DELETE
NAME	<b>CHERYL CAMP</b>	
STREET ADDRESS	<b>1181B HILLTOP RD</b>	
CITY-ST-ZIP	<b>CHIPLEY FL 32428</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>TIM SANDERS</b>	
1.3 STREET ADDRESS	<b>2345 SAPP RD</b>	
1.4 CITY-ST-ZIP	<b>COTTONDALE, FL 32431</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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: Johnnie Ray, Jr. *Johnnie Ray, Jr.* 4/5/98 **8050-442-8537**

CR2E037 (10/97)