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Apr 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 700112 (6)

1. Corporation Name  
MIAMI BAPTIST ASSOCIATION, INC.



Principal Place of Business Mailing Address  
7855 SW 104TH STREET MIAMI FL 33156  
US

3. Date incorporated or Qualified 11/04/1959  
3a. Date of Last Report 04/25/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 210 27 210  
City & State City & State

23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number 59-0914210  
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEELAND, DAVID  
7855 SW 104TH STREET  
MIAMI FL 33156

81 Name  
82 Street Address (P.O. Box Number Is Not Acceptable)  
83 7855 S.W. 104 St., Suite 210  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEMA, DAVID JR	
STREET ADDRESS	3195 W 7TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	THOMPSON, TOM	
STREET ADDRESS	50 NE 128TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SIMARD, SYBILLA	
STREET ADDRESS	6250 SW 21ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ELLIOTT, LUCILLE	
STREET ADDRESS	11821 SW 107 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ELLIOTT, MORRIS	
STREET ADDRESS	11851 SW 107TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	HARRIS, MITCHELL	
STREET ADDRESS	1540 CATALONIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thompson, Tom	
1.3 STREET ADDRESS	50 N.E. 128 St., N. Miami	
1.4 CITY-ST-ZIP	FL33161	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ledgister, Richard	
2.3 STREET ADDRESS	2252 N.W. 195 St., Miami	
2.4 CITY-ST-ZIP	FL33056	
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 do 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: Lucille F. Elliott 3:27:97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-271-5600  
Daytime Phone # 0027744

CR2E037 (9/96)