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May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700112 (6)
1. Corporation Name
MIAMI BAPTIST ASSOCIATION, INC.



Principal Place of Business 7855 SW 104TH STREET 210 MIAMI FL 33156 US	Mailing Address 7855 SW 104TH STREET 210 MIAMI FL 33156 US
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country
30 Zip	31 Country

3. Date Incorporated or Qualified 11/04/1959	
4. FEI Number 59-0914210	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	

9. Name and Address of Current Registered Agent

CLEELAND, DAVID
7855 S.W. 104 ST., SUITE 210
MIAMI FL 33156

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, TOM	
STREET ADDRESS	50 N.E. 128 ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, TOM	
STREET ADDRESS	50 NE 128TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SIMARD, SYBILLA	
STREET ADDRESS	6250 SW 21ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	HARRIS, MITCHELL	
STREET ADDRESS	1540 CATALONIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Ledgister	
1.3 STREET ADDRESS	495 N.W. 191 St.	
1.4 CITY-ST-ZIP	Miami, FL 33169	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steve Ray	
2.3 STREET ADDRESS	6500 S.W. 97 Ave.	
2.4 CITY-ST-ZIP	Miami, FL 33173	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Darnel Morales	
3.3 STREET ADDRESS	7855 S.W. 104 St., Ste. 210	
3.4 CITY-ST-ZIP	Miami, FL 33156	
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: *Darnel Morales*

CR2E037 (10/97)