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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700949 (1)

1. Corporation Name
NEW SEVENTY-NINTH STREET BAPTIST CHURCH, INC.



Principal Place of Business 2275 N W 79TH STREET MIAMI FL 33147-4925	Mailing Address 2275 N W 79TH STREET MIAMI FL 33147-4925
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3. Date Incorporated or Qualified 05/12/1960		
4. FEI Number 59-0711185	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input 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		

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. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PERKINS, CHRIS 1425 N.W. 195 ST. MIAMI FL 32952-8468		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, CHRIS	1.2 NAME	Robert Young
STREET ADDRESS	1425 N.W. 195 ST.	1.3 STREET ADDRESS	19500 N.W. 4 AV.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL. 33169
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ERMA	2.2 NAME	LaGuardia Cross, Sr.
STREET ADDRESS	8425 N.W. 23 AVE	2.3 STREET ADDRESS	200 N.W. 204 AV.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Pembroke Pines, FL. 33029
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JOHN J	3.2 NAME	Elaine Young
STREET ADDRESS	3922 N.W. 170 ST.	3.3 STREET ADDRESS	19500 N.W. 4 AV.
CITY-ST-ZIP	CAROL CITY FL	3.4 CITY-ST-ZIP	Miami, FL. 33169
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, GARRY	4.2 NAME	Violet Cross
STREET ADDRESS	4480 N.W. 171 TERR	4.3 STREET ADDRESS	200 N.W. 204 AV.
CITY-ST-ZIP	CAROL CITY FL	4.4 CITY-ST-ZIP	Pembroke Pines, FL. 33029
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, HATTIE	5.2 NAME	
STREET ADDRESS	2251 NW 81 TR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, TERESE	6.2 NAME	
STREET ADDRESS	8425 N.W. 23 AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: *Erma L. Johnson Erma L. Johnson* 4/26/98 691-8194

CR2E037 (10/97)