

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90123 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700949

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

* 5 7 3 0 4 5 *
 573045 - 90026 - 49



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/12/1960	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-0711185	
22 City & State		27 City & State		Applied For	
				Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		8. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent

PERKINS, CHRIS
 1425 N.W. 195 ST.
 MIAMI FL 32952-8468

10. Name and Address of New Registered Agent

81 Name	Twyla Johnson	
82 Street Address (P.O. Box Number is Not Acceptable)	8425 N.W. 23 AV.	
83		
84 City	FL	85 Zip Code
Miami		33147

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

Twyla Johnson

(NOTE: Registered Agent signature required when reinstating)

6/5/99 T.J.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, CHRIS	1.2 NAME	Twyla Johnson
STREET ADDRESS	1425 N.W. 195 ST.	1.3 STREET ADDRESS	8425 N.W. 23 Av.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL. 33147
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ERMA	2.2 NAME	Yolanda Davis
STREET ADDRESS	8425 N.W 23 AVE	2.3 STREET ADDRESS	1156 Sharar Av.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Opa-Locka, FL. 33054
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT YOUNG	3.2 NAME	Katie Miller
STREET ADDRESS	19500 NW 4TH AVE	3.3 STREET ADDRESS	14145 N.W. 22 PL.
CITY-ST-ZIP	MIAMI FL 33169	3.4 CITY-ST-ZIP	Opa-Locka, FL. 33054
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGUARDIA CROSS SR	4.2 NAME	James Wimes
STREET ADDRESS	200 NW 204TH AVE	4.3 STREET ADDRESS	21433 N.W. 39 AV.
CITY-ST-ZIP	PEMBROKE PINES FL 33029	4.4 CITY-ST-ZIP	Carol City, FL. 33055
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAINE YOUNG	5.2 NAME	Malcolm Elmore
STREET ADDRESS	19500 NW 4TH AVE	5.3 STREET ADDRESS	1251 S.W. 101 Terr. #305
CITY-ST-ZIP	MIAMI FL 33169	5.4 CITY-ST-ZIP	Pembroke Pines, FL. 33025
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIOLET CROSS	6.2 NAME	Larry Harris
STREET ADDRESS	200 NW 204TH AVE	6.3 STREET ADDRESS	1140 N.W. 142 Street
CITY-ST-ZIP	MIAMI FL 33029	6.4 CITY-ST-ZIP	Miami, FL. 33168

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Yolanda Davis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

(305) 625-2008

CR2E037 (1/98)