FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702353 (4)

1. Corporation Name
NEW WORK ASSISTANCE FUND OF MIAMI BAPTIST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3520 SW 97TH AVENUE MIAMI FL 33165	3520 SW 97TH AVENUE MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1961
3a. Date of Last Report: 04/27/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 7855 S.W. 104 St.	26 7855 S.W. 104 St.
Suite, Apt. #, etc. 22 Suite 210	Suite, Apt. #, etc. 27 Suite 210
City & State 23 Miami FL	City & State 28 Miami FL
Zip / Country 24 33156 / 25 U.S.	Zip / Country 29 33156 / 30 U.S.

9. Name and Address of Current Registered Agent

WETHERINGTON, DOYLE L.
3520 SW 97TH AVENUE
MIAMI FL 33165

10. Name and Address of New Registered Agent

31 Name: Cleeland, David
32 Street Address (P.O. Box Number is Not Acceptable): 7855 S.W. 104 St.
33: Suite 210
34 City: Miami **FL** 35 Zip Code: 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] David Cleeland, Executive Director 04/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	WALTERS, REGINALD	1.2 NAME		
STREET ADDRESS	7300 SW 61 ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP		
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	EPPERSON, JACK	2.2 NAME	James Anthony	
STREET ADDRESS	3520 SW 97TH AVENUE	2.3 STREET ADDRESS	375 N.W. 122 St.	
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	Miami, FL 33168	
TITLE	STD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	SANDALL, MARY	3.2 NAME	Simard, Sybilla	
STREET ADDRESS	443 GIRALDA AVE	3.3 STREET ADDRESS	6250 S.W. 21 St.	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Miami FL 33155	
TITLE	D	4.1 TITLE	Cleare Filer	☒ Change ☐ Addition
NAME	KNIGHT, ROBERT D	4.2 NAME	7440 S.W. 115 St.	
STREET ADDRESS	50 NE 119TH ST.	4.3 STREET ADDRESS	Miami, FL 33156	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] Apr. 19, 1995 (305) 266-4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043610