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95 MAY -1 AM 9:45
FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 714085 (8)
1. Corporation Name
MEMORIAL TEMPLE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
16000 N W 44 CT OPA LOCKA FL 33054-6035
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/12/1968 3a. Date of Last Report 05/01/1994
4. FBI Number 57-2157-884 NOT APPLICABLE
5. Certificate of Status Desired \$0.75 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
COX REV., ELLISE
2430 N.W. 183RD ST
MIAMI FL 33056

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 typed or printed name of registered agent and the 7 associates (if all registered agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD MUNGIN, FRAZIER 17620 NW 67TH AVE 1104 MIAMI FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	P/D Mungin, Frazier 17620 N.W. 67th Avenue # 1104 Miami, Florida <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S HUNTER, RONNIE 421 NW 201 ST AVE PEMBROKE PINES FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	S Faye Holloman 255 N.W. 189th Terrace Miami, Florida <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD STIRRUP, LUCILLE 5215 N.W. 29TH CT. MIAMI FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	T/D Stirrup, Lucille 5215 N.W. 29th Court Miami, Florida 33142 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	CTR MOULTRY, ROYCE 5610 N.W. 174TH DR. MIAMI FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TRC THAGGARD, MOSES 4501 N.W. 171TH TERRACE MIAMI FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800001499308 -05/26/95--01037--013 *****70.00 *****70.00
TITLE NAME STREET ADDRESS CITY ST ZIP	TRD DAISE, ROBERT 17111 NW 42ND PL MIAMI FL	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	T/D Daise, Robert 17111 N.W. 42nd Place Miami, Florida <input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 Stirrup, D. Lucille Stirrup 4/5/95 305 638 4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR