

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 714085 (8)**  
1. Corporation Name  
**MEMORIAL TEMPLE MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business 16600 N W 44 CT OPA LOCKA FL 33054-6035	Mailing Address 16600 N W 44 CT OPA LOCKA FL 33054-6035
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/12/1968	3a. Date of Last Report 03/29/1996
21. Sulte, Apt. #, etc.	25. Sulte, Apt. #, etc.	4. FEI Number 59-2159884	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNGIN, FRAZIER	1.2 NAME	
STREET ADDRESS	17620 NW 67TH AVE 1104	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOMAN, FAYE	2.2 NAME	
STREET ADDRESS	255 N.W. 189TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIRRUP, LUCILLE	3.2 NAME	
STREET ADDRESS	5215 N.W. 29TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	3.4 CITY-ST-ZIP	
TITLE	CTR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOULTRY, ROYCE	4.2 NAME	
STREET ADDRESS	5610 N.W. 174TH DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	TRC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAGGARD, MOSES	5.2 NAME	
STREET ADDRESS	4501 N.W. 171TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAISE, ROBERT	6.2 NAME	
STREET ADDRESS	17111 NW 42ND PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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 unchanged, or on an attachment with an address.

SIGNATURE: *Lucille Stirrup* 4/9/97 (805) 638-4421

CP2E037(9/96)