

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 23 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 # 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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3. Date Incorporated or Qualified 02/12/1968		
4. FEI Number 59-2159884	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" 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 checked="" 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 checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 85 Zip Code FL	
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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 MUNGIN, FRAZIER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17620 NW 67TH AVE 1104	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S HOLLOMAN, FAYE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	255 N.W. 189TH TERRACE	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD STIRRUP, LUCILLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5215 N.W. 29TH CT.	3.2 NAME	
STREET ADDRESS	MIAMI FL 33142	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	CTR MOULTRY, ROYCE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5610 N.W. 174TH DR.	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TRC THAGGARD, MOSES	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4501 N.W. 171TH TERRACE	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD DAISE, ROBERT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17111 NW 42ND PL	6.2 NAME	
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**CTR
SHELTON HILL
18431 N.W. 39th COURT
MIAMI, FL 33056**

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: *Lucille Stirrup* **LUCILLE STIRRUP 1-12-98 305-893-3070**

CR2E037 (10/97)