

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 17 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
---	---	---

**DOCUMENT # 720505 (7)**  
1. Corporation Name  
**93 ST. COMMUNITY MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business <b>2330 N.W. 93RD STREET MIAMI FL 33147</b>	Mailing Address <b>2330 N.W. 93RD STREET MIAMI FL 33147-3032</b>
--	---

3. Date Incorporated or Qualified <b>03/08/1971</b>	3a. Date of Last Report <b>05/28/1996</b>
4. FEI Number <b>65-0014830</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

~~BELL, W.O.~~  
~~3430 N.W. 2ND STREET~~  
~~FT. LAUDERDALE FL 33311~~

*JOHNSON, CARL*  
*2264 SW 182WAY*  
*MIRAMAR FLA 33029*

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**

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 *Carl Johnson* DATE **3/6/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PC</b>	<input type="checkbox"/>
NAME	<b>JOHNSON, CARL REV.</b>	
STREET ADDRESS	<b>941 N.W. 190TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/>
NAME	<b>SIMMONS, CLYDE (DEACON)</b>	
STREET ADDRESS	<b>2874 NW 193RD TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/>
NAME	<b>WASHINGTON, FREDERICK</b>	
STREET ADDRESS	<b>2815 N.W. 155 TERRACE</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/>
NAME	<b>WILLIAMS, EPHRAIM</b>	
STREET ADDRESS	<b>17331 N.W. 32ND AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 if changed, or on an attachment with an address.

SIGNATURE *Carl Johnson* DATE **7/9/97**

CR2E037 (9/96)