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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

97 APR 28 AM 11:58

DOCUMENT # **724684** (6)
1. Corporation Name
BETHEL MISSIONARY BAPTIST CHURCH, INC., MIAMI, FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *90-97*

Principal Place of Business: 14440 LINCOLN BOULEVARD MIAMI FL 33176
Mailing Address: 14440 LINCOLN BOULEVARD MIAMI FL 33176

3. Date Incorporated or Qualified: 10/31/1972
3a. Date of Last Report: 10/24/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2394117	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	6.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name: **CAROLYN HOWARD Esq.**
82 Street Address (P.O. Box Number is Not Acceptable): **Law Office of C.Y. Howard**
83: **9525 SW 160 St.**
84 City: **Miami** FL 85 Zip Code: **33157**

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 officer 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: *Carolyn Howard* DATE: **4/3/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12
TITLE: S	NAME: JAY, LEE STREET ADDRESS: 17420 HOMESTEAD AVE. CITY-ST-ZIP: MIAMI FL	1.1 TITLE: President (D) 1.2 NAME: Bishop Carlos A. Malone Sr 1.3 STREET ADDRESS: 8941 SW 183 Street 1.4 CITY-ST-ZIP: Miami, FL 33157
TITLE: VD	NAME: WHITLEY, TOMMIE LEE STREET ADDRESS: 14820 S. W. 104 COURT CITY-ST-ZIP: MIAMI FL	2.1 TITLE: Vice President (D) 2.2 NAME: Maurice Ambler 2.3 STREET ADDRESS: 8245 SW 184 Lane 2.4 CITY-ST-ZIP: Miami, FL 33157
TITLE: PCD	NAME: ROBERSON, NED STREET ADDRESS: 11501 S. W. 142ND ST. CITY-ST-ZIP: MIAMI FL	3.1 TITLE: Director 3.2 NAME: Ned Roberson 3.3 STREET ADDRESS: 11501 SW 142nd St 3.4 CITY-ST-ZIP: Miami FL 33176
TITLE: TD	NAME: GODWIN, HENRY C JR STREET ADDRESS: 10910 S.W. 143RD TER. CITY-ST-ZIP: MIAMI FL	4.1 TITLE: Secretary (D) 4.2 NAME: Henry Godwin, Jr. 4.3 STREET ADDRESS: 10910 SW 143rd Ter 4.4 CITY-ST-ZIP: Miami FL 33157
TITLE: [Blank]	NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	5.1 TITLE: Director (D) 5.2 NAME: Ronald Fort 5.3 STREET ADDRESS: 8500 SW 108 Street circle Sq 5.4 CITY-ST-ZIP: Miami, FL 33186
TITLE: [Blank]	NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]

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: *Ned Roberson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-3-97**
Daytime Phone #: **(305) 235-7463**

CR2E037 (12/95)