

FILE NOW: FILING FEE IS \$61.25

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

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2394117		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				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				81 Name: <i>CAROLYN HOWARD Esq.</i>			
				82 Street Address (P.O. Box Number is Not Acceptable): <i>Law Office of C.F. Howard</i>			
				83 <i>9525 SW 160 St.</i>			
				84 City: <i>Miami</i> FL 85 Zip Code: <i>33157</i>			

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

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

CR2E037 (12/95)