## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of Ctate \* • DIVISION OF CORPORATIONS

1998

DOCUMENT # 728659

(4)

## THE FIRST BAPTIST CHURCH OF BUNCHE PARK BOARD OF INCORPORATORS

	<u> </u>						
Principal Place of Business Mailing Address							
15700 NW 22 AVENUE PA LOCKA FL 33054-2012		15700 NW 22 AVENUE OPA LOCKA FL 33054-2012		3. Date Incorporated or Qualified			
, ,					01/22/1974 4. FEI Number		
# - <b>#</b>					1	Applied For	
2. Principal P	lace of Business	2a. Mailing Address			23-7366401	Not Applicable	
<u> </u>		26		<u> </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00 May Be		
22				Trust Fund Contribution	Added to Fees		
			7. Is this nonprofit corporation a homeowners association?				
23		28   	Country		8. This corporation owes or has paid the current year Intangible		
	1 25	` <b>├</b> ──¬ `	30		Personal Property Tax due June 30.	urrent year Intangible   ☐ Yes ☐ No i	
	9. Name and Address of Current		30		10. Name and Address of New Registered	=	
B							
WILLIÀMS, JOHN A.							
16141 BUNCHE PK.E. DR			82	Street	Address (P.O. Box Number is Not Acceptable)		
OPA LOCKA FL 33054			83		-04/21/9801022	008	
h.			84	City	<u>***61, 25</u>	85 Zip Code	
Vilogi			1		F!	_     '	
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 line to the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE 4440 75							
Signature, lypert or printed name of registered agent and title if applicable (NOTE Re  12. OFFICERS AND DIRECTORS			Registered Age	nt signature	required when reinstating TAD LOCATE  ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
	OFFICERS AND	DELETE	1.1 TITLE			Change MAddition	
TITLE	ALOUAN ADOLUT	C Defete			Asst. Secretary	Citange CE Addition	
NAME	MCKAY, ARCHIE		1.2 NAME		Loretta Fletcher		
STREET ADDRESS	16120 BUNCHE PK EAST DR		1.3 STREET		3521 N.W. 171st Stree	t	
CITY-ST-ZIP	OPA LOCKA FL	Dougra	1.4 CITY - S	T-ZIP	Miami, F1. 33056	Change LAddition	
_ TITLE	1	☐ DELETE	2.1 TITLE		Treasurer . Clorian alson		
NAME	WILLIAMS, JOHN A.		2.2 NAME		1755 N.W. 154th Stree	t	
. STREET ADDRESS	16141 BUNCHE PK EAST DR		2.3 STREET		Miami, F1. 33054		
CITY-ST-ZIP	OPA LOCKA FL		2.4 CITY-	ST-ZIP	<u> </u>		
THILE.	l wellows say	☐ DELETE	3.1 TITLE		^sst. Treasurer	Change Addition	
NAME	WELLONS, PAUL		3.2 NAME		Doris Hart		
STREET ADDRESS	18555 N.W. 38TH AVE		3.3 STREET		17715 N.W. 18th Avenu	.e i	
CITY-ST-ZIP	CAROL CITY FL	T or ere	3.4. CITY - 5	ST - ZIP	Miami, F1-33056	Change Addition	
TITLE		DELETE	4.1 TITLE	1	DIRECTOR	i cusufis and vodicion	
NAME	THOMAS, EUGENE C		4. 2 NAME		WTIliam H. Mitchell	)	
STREET ADDRESS	15700 NW 22 Ave.	•	4.3 STREET		2345 N.W. 181st Terr.		
CITY-ST-ZIP		5505 X	4.4 CITY-S	T-ZIP	Miami. F1 33056		
TITLE 1	BPA LOCKA, FL.	33054 DELETE	5.1 TITLE		And Vice - President	Change Addition	
NAME		=	5.2 NAME		BENJAMIN FULLINGTON	プラー	
STREET ADDRESS			5.3 STREET	address	1139 N.W. JOTH AVE	11.51	
CITY - ST - ZIP			5.4 CITY - S	T - 21P	MIAMI, FL. 33/50	401	
TITLE		☐ DELETE	6.1 TITLE		DIRECTOR	Change Addition	
NAME			6.2 NAME		JAMES N. JACKSON		
STREET ADDRESS			6.3 STREET	ADDRESS	17130 N.W. 5157 PLACE		
					Man El Doger	i i	

14. I hereby certify that the information supplied with this filling 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 13 if changed or on an attachment with an address?

SIGNATURE:

Surene C. Shimas

1/98 (305) 5

**FILED** 

Apr 21 1998 8:00am

Secretary of State

(305) 594-164/2