2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \(\frac{1}{2}\)

Mar 08, 2004 08:00 ĀM **DOCUMENT # 728659 Secretary of State** 1. Entity Name THE FIRST BAPTIST CHURCH OF BUNCHE PARK, INC. Principal Place of Business Mailing Address 16141 BUNCHE PK. ES DR OPA LOCKA FL 33054 15700 NW 22 AVENUE OPA LOCKA FL 33054-2012 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State 4. FFI Number City & State 23-7366401 Not Applicable \$8.75 Additional Country Ζiρ Country Zın 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, JOHN A. Street Address (P.O. Box Number is Not Acceptable) 16141 BUNCHE PARK DRIVE E. OPA LOCKA FL 33054 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CHAT Change ☐ Addition TITLE TITLE Delete WELLONS, PAUL NAME NAME U000000081776 18555 NW 38TH AVE STREET ADDRESS STREET ADDRESS 03/08/04-80163-002 70.00 MIAMI FL 33055 CITY - ST- ZIP CITY - ST - ZIP Change ☐ Addition TITLE ☐ Delete TITLE MCKAY, ARCHIE NAME NAME 16120 BUNCHE PK DR E STREET ADDRESS STREET ADDRESS OPA LOCKA FL 33054 CITY-ST-ZIP CITY - ST-ZIP ₽ Delete ☐ Addition TILLE TITLE BRIAN, HART C NAME NAME 17715 NW 18TH AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33056 CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Defete SMITH, MELVIN NAME NAME 14155 N MIAMI AVE STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33168 CITY-SI-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE DARREL, KING NAME NAME 7768 SHALIMAR ST. STREET ADDRESS STREET ADDRESS MIRAMAR FL 33023 CITY-ST-ZIP CRY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #