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 Feb 18 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 759296 (7)
 1. Corporation Name
 TAMAMI BAPTIST CHURCH OF MIAMI, INC.



Principal Place of Business Mailing Address
 860 S W 76 COURT MIAMI FL 33144
 860 S W 76 COURT MIAMI FL 33144-4444

3. Date Incorporated or Qualified 07/23/1981
 3a. Date of Last Report 01/24/1996
 4. FEI Number 59-2112954 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
 SWEENEY, REV. WALTER
 1020 S.W. 76TH CT.
 MIAMI FL 33144

10. Name and Address of New Registered Agent
 81 Name Charles Windsor
 82 Street Address (P.O. Box Number is Not Acceptable) 12350 SW 39 Terr.
 83
 84 City Miami FL 85 Zip Code 33175

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 *Charles Roy Windsor* DATE 12 Feb 97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE S <input checked="" type="checkbox"/> DELETE | |
| NAME KELLY, BARBARA | |
| STREET ADDRESS 7965 S W 19TH ST | |
| CITY-ST-ZIP MIAMI FL | |
| TITLE P <input checked="" type="checkbox"/> DELETE | |
| NAME SWEENEY, WALTER | |
| STREET ADDRESS 1020 S.W. 76TH CT. | |
| CITY-ST-ZIP MIAMI FL | |
| TITLE T <input type="checkbox"/> DELETE | |
| NAME WARD, JACQUELYN | |
| STREET ADDRESS 1650 S.W. 71 PL. | |
| CITY-ST-ZIP MIAMI FL | |
| TITLE D <input checked="" type="checkbox"/> DELETE | |
| NAME KELLY, ROLAND | |
| STREET ADDRESS 7965 S.W. 19TH ST. | |
| CITY-ST-ZIP MIAMI FL | |
| TITLE D <input type="checkbox"/> DELETE | |
| NAME WARD, CARL | |
| STREET ADDRESS 1650 SW 71ST PL. | |
| CITY-ST-ZIP MIAMI FL | |
| TITLE D <input type="checkbox"/> DELETE | |
| NAME LAURIA, NICK | |
| STREET ADDRESS 1301 SW 73 PLACE | |
| CITY-ST-ZIP MIAMI FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE S <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 1.2 NAME Montoya, Rosa | |
| 1.3 STREET ADDRESS 7994 Grand Canal Dr. | |
| 1.4 CITY-ST-ZIP Miami, FL. 33144 | |
| 2.1 TITLE P <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2.2 NAME Windsor, Charles | |
| 2.3 STREET ADDRESS 12350 SW 39 Terr. | |
| 2.4 CITY-ST-ZIP Miami, FL. 33175 | |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 4.2 NAME Montoya, Jaime | |
| 4.3 STREET ADDRESS 7994 Grand Canal Dr. | |
| 4.4 CITY-ST-ZIP Miami, FL. 33144 | |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: *Charles Roy Windsor* DATE 12 Feb. 97 305-261-4133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CPRE037 (9/96)