SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Oct 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N16633 (2)

1. Corporation Name

CHRISTIAN TABERNACLE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
739 SW 12TH AVENUE HOMESTEAD FL 33030	739 SW 12TH AVENUE HOMESTEAD FL 33030

2. Principal Place of Business
21 |
Suite, Apt. #, etc.
22 |
City & State
23 |
Zip 24 | Country 25 |

2a. Mailing Address
26 |
Suite, Apt. #, etc.
27 |
City & State
28 |
Zip 29 | Country 30 |

3. Date Incorporated or Qualified: 09/04/1986

4. FEI Number: 58-0072406 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [X] **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

BERRY, CATHY
713 NW DAVIS PKWY
FLORIDA CITY FL 33034

10. Name and Address of New Registered Agent

81 Name: DIXON,LESIU
82 Street Address (P.O. Box Number is Not Acceptable)
83: 942 NW 3rd STREET
84 City: FLORIDA CITY FL 85 Zip Code: 33034

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: DIXON,LESIU (SECRETARY) DATE: JULY 15,1998
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[X] DELETE	11 TITLE	PASTOR	[X] Change [ ] Addition
NAME	SCOTT, LARRY		12 NAME	STEVENS,JOSEPH S	
STREET ADDRESS	1401 VILLAGE RD APT #1822		13 STREET ADDRESS	14701 SW 104CT	
CITY-ST-ZIP	WEST PALM BCH FL		14 CITY-ST-ZIP	MIAMI FL. 33176	
TITLE	FS	[X] DELETE	21 TITLE	TR	[X] Change [ ] Addition
NAME	MCNEIL, MARY		22 NAME	DOZIER,CORENE	
STREET ADDRESS	29602 SW 158TH CT		23 STREET ADDRESS	705 NW 8TH AVE.	
CITY-ST-ZIP	LEISURE CITY FL		24 CITY-ST-ZIP	FLORIDA CITY FLA. 33034	
TITLE	CD	[X] DELETE	31 TITLE	D	[X] Change [ ] Addition
NAME	WILLIS, JOHN		32 NAME	THRASH,CODIE	
STREET ADDRESS	10745 SW 224TH ST		33 STREET ADDRESS	1272 NW 9TH AVE.	
CITY-ST-ZIP	GOULDS FL		34 CITY-ST-ZIP	FLORIDA CITY FLA. 33034	
TITLE	D	[X] DELETE	41 TITLE	D	[X] Change [ ] Addition
NAME	MANGHAM, CURTIS D		42 NAME	BULLARD,KARY	
STREET ADDRESS	11454 SW 226TH STREET		43 STREET ADDRESS	965 NW 10TH ST.	
CITY-ST-ZIP	GOULDS FL 33070		44 CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	D	[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME	MCGILL, AL		52 NAME		
STREET ADDRESS	975 REDLAND RD		53 STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY FL		54 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME	BYNUM, MATTIE		62 NAME		
STREET ADDRESS	15600 SW 295TH TERR		63 STREET ADDRESS		
CITY-ST-ZIP	LEISURE CITY FL		64 CITY-ST-ZIP		

14. 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 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: STEVENS,JOSEPH S JULY 15,1998 (305)353-6304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/98)