

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90041 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22702

1. Corporation Name
GLENDALE BAPTIST CHURCH OF BROWNSVILLE, INC.

Principal Place of Business 4501 NORTHWEST 22ND AVENUE MIAMI FL 33142	Mailing Address 4501 NORTHWEST 22ND AVENUE MIAMI FL 33142
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/28/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 28-0833534
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MORGAN, ERNEST 110 NW 58TH ST MIAMI FL 33127	10. Name and Address of New Registered Agent 81 Name Rev Dr Tommy L Milton 82 Street Address (P.O. Box Number is Not Acceptable) 1180 N.W. 184th Ave 83 Pembroke Pines Fla 33029 84 City FL 85 Zip Code
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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: Rev Dr Tommy L Milton DATE: 04-21-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, LENNON		1.2 NAME	
STREET ADDRESS 1844 NW 5TH PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRITTENDON, BOBBY		2.2 NAME	
STREET ADDRESS 1680 NW 125TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRELL, JIMMIE L.		3.2 NAME	
STREET ADDRESS 6511 SW 63RD AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
TITLE Dr Milton, Tommy L.	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS 1180 N.W. 184th Ave		4.3 STREET ADDRESS	
CITY-ST-ZIP Pembroke Pines Fla 33029		4.4 CITY-ST-ZIP	
TITLE MORGAN, Ernest	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS 110 N.W. 58th St		5.3 STREET ADDRESS	
CITY-ST-ZIP Miami Fl 33127		5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: Rev Dr Tommy L Milton DATE: 04-21-99 305-638-0857

CR2E037 (11/98)