

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PH 6:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N37681 (6)**  
1. Corporation Name  
**NEW ST. MARKS MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address  
**C/O STANLEY M. BRODY** **C/O STANLEY M. BRODY**  
**407 LINCOLN ROAD, SUITE 10-J** **820 NW 84 TERRACE**  
**MIAMI BEACH FL 33139** **MIAMI FL 33150**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/13/1990</b>	3a. Date of Last Report <b>04/26/1994</b>
4. FEI Number <b>65-0195512</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00, May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent  
**BRODY, STANLEY M.**  
**407 LINCOLN ROAD**  
**SUITE 10-J**  
**MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent  
81 Name **Pinkney, Esther L.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**820 N.W. 84 Terr**  
83 **Miami FL 33150**  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Esther L. Pinkney VSD** DATE **4/21/95**  
Signature, typed or printed name of registered agent and the # of copies (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD PINKNEY, SILAS 820 NORTHWEST 84TH TERR. MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSD PINKNEY, ESTHER L. 820 NORTHWEST 84TH TERR. MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD BROWN, JEANNIE M. 820 NORTHWEST 84TH TERR. MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>100001473521</b>
13 STREET ADDRESS	<b>-05/03/95--01108--008</b>
14 CITY - ST - ZIP	<b>****130.00 ****130.00</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 applicable, or on an attachment with an address.

SIGNATURE: **Silas Pinkney Silas Pinkney** DATE: **4/21/95** TELEPHONE NUMBER: **(305) 696-9964**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR