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Apr 22 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 # N37681 (6)

1. Corporation Name
NEW ST. MARKS MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address
C/O STANLEY M. BRODY 407 LINCOLN ROAD, SUITE 10-J MIAMI BEACH FL 33139
C/O STANLEY M. BRODY 820 NW 84 TERRACE MIAMI FL 33150-2524 US

3. Date Incorporated or Qualified 04/13/1990 3a. Date of Last Report 06/20/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 65-0195512 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [] No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINKNEY, ESTHER L.
820 NW 84 TERR
MIAMI FL 33150

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD [] DELETE
NAME PINKNEY, SILAS
STREET ADDRESS 820 NORTHWEST 84TH TERR.
CITY-ST-ZIP MIAMI FL

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VSD [] DELETE
NAME PINKNEY, ESTHER L.
STREET ADDRESS 820 NORTHWEST 84TH TERR.
CITY-ST-ZIP MIAMI FL

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD [] DELETE
NAME BROWN, JEANNIE M.
STREET ADDRESS 820 NORTHWEST 84TH TERR.
CITY-ST-ZIP MIAMI FL

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
600002151761
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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: SILAS PINKNEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-97 (305) 696-9964
Date Daytime Phone # 0030808

CR2E037 (9/96)