FLORIDA ANNUAL REPORT 1995

DIVISION OF CORPORATIONS

95 MAY 24 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003066 (7)

1. Corporation Name

NORTH HIALEAH BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
5800 PALM AVE HIALEAH FL 33012	5800 PALM AVE HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1994

3a. Date of Last Report:

4. FEI Number: 59-0774197 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $60.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KELLEY, W D 1474A W 84TH ST HIALEAH FL 33014-3363	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 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 _____ DATE

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	D	1.1 TITLE	D ☐ Change ☐ Addition
NAME	SKIPPER, KEITH	1.2 NAME	Skipper, Keith
STREET ADDRESS	7336 FOX CHAPEL DR	1.3 STREET ADDRESS	5855 W 2nd Avenue
CITY-ST-ZIP	HIALEAH FL 33015	1.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	TD	2.1 TITLE	D ☐ Change ☐ Addition
NAME	NEALEY, MARY L	2.2 NAME	Ramos, Daniel
STREET ADDRESS	691 W 50 STREET	2.3 STREET ADDRESS	220 SW 65 Way
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	Pembroke Pines, FL 33023
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SELBY, DOROTHY	3.2 NAME	
STREET ADDRESS	1825 W 44 PL #504	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HENNING, EUGENE	4.2 NAME	
STREET ADDRESS	5035 E 3RD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, JIMMY	5.2 NAME	
STREET ADDRESS	1255 W 49 PL #B112	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	5.4 CITY-ST-ZIP	$76.25
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: Daniel Ramos 5-18-95

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

Daniel Ramos

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