SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 SEP 26 AM 11:19
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: 08/24/1956	3a. Date of Last Report: 09/20/1996
4. FEI Number: 59-0774197	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

RAMOS, DANIEL
220 SW 65TH WAY
PEMBROKE PINES FL 33032

10. Name and Address of New Registered Agent

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

200002307022--8
-09/29/97--01192--002
*****70.00 *****70.00

FL

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 ______________________________ 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	☒ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	SKIPPER, KEITH		1.2 NAME	JAMES EIKENBERRY
STREET ADDRESS	5855 W 2ND AVENUE		1.3 STREET ADDRESS	3180 W 10th AVE.
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D	☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	RAMOS, DANIEL		2.2 NAME	RENE G. ROSELLO
STREET ADDRESS	220 SW 65 WAY		2.3 STREET ADDRESS	12100 sw 271st ST
CITY-ST-ZIP	PEMBROKE PINES FL 33023		2.4 CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	D	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (4/97)

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 REQUIRED