

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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DOCUMENT # N94000003066 (7)

1. Corporation Name
NORTH HIALEAH BAPTIST CHURCH, INC.



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

3. Date Incorporated or Qualified 08/24/1956	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-0774197	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 25
	Country 29
	Zip 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	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: *Daniel Ramos* DATE: **March 31, 1999**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EIKENBERRY, JAMES	
STREET ADDRESS	3180 W. 10TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMOS, DANIEL	
STREET ADDRESS	220 SW 65 WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SELBY, DOROTHY	
STREET ADDRESS	1825 W 44 PL #504	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENNING, EUGENE	
STREET ADDRESS	5035 E 3RD AVE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, JIMMY	
STREET ADDRESS	1255 W 49 PL #B112	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSELLO, RENE G	
STREET ADDRESS	12100 SW 271ST ST.	
CITY-ST-ZIP	HOMESTEAD FL 33032	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D NEALEY, MARY LU
4.3 STREET ADDRESS	691 W. 50th ST.
4.4 CITY-ST-ZIP	HIALEAH, FL 33012
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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.

SIGNATURE: *Rene G. Rosello* DATE: **2-1-99** DAYTIME PHONE #: **305 8214021**

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