

FILE NOW: FILING FEE IS \$61.25

FILED

**May 16 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 # N95000005913 (7)

1. Corporation Name

**FIRST REDEM MISSIONARY BAPTIST CHURCH, INC.
REDEM**



Principal Place of Business

Mailing Address

**880 N.W. 54 STREET
MIAMI FL 33127**

**880 N.W. 54 STREET
MIAMI FL 33127-1816**

3. Date Incorporated or Qualified
12/15/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **65-0736703**

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARIE DANIELS
100 NW 47TH TERRACE
MIAMI FL 33127**

81 Name **WILL H. MILLER**

82 Street Address (P.O. Box Number is Not Acceptable)
16811 N.W. 24TH AVENUE

83 **OPA-LOCKA, FLORIDA 33056**

84 City **OPA-LOCKA** FL 85 Zip **33056**

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 DELETE
NAME **PD DANIELS, HERNRY W REV**
STREET ADDRESS **100 N.W. 47 TERRACE**
CITY-ST-ZIP **MIAMI FL 33127**

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

TITLE DELETE
NAME **D MILLER, MARY GLORIA**
STREET ADDRESS **16811 N.E. 24 AVENUE**
CITY-ST-ZIP **MIAMI FL 33056**

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

TITLE DELETE
NAME **VSTD MILLER, WILL**
STREET ADDRESS **100 NW 47 TERRACE**
CITY-ST-ZIP **MIAMI FL 33127**

3.1 TITLE Change Addition
3.2 NAME **VSTD MILLER, WILL**
3.3 STREET ADDRESS **16811 N.W. 24TH AVENUE**
3.4 CITY-ST-ZIP **OPA-LOCKA, FL 33056**

TITLE DELETE
NAME **D DANIELS, DEBORAH M**
STREET ADDRESS **100 N.W. 47 TERRACE**
CITY-ST-ZIP **MIAMI FL 33127**

4.1 TITLE Change Addition
4.2 NAME **D DANIELS, DEBORAH M**
4.3 STREET ADDRESS **1874 S.W. 94TH TERRACE**
4.4 CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE DELETE
NAME **D DANIELS, MARIE**
STREET ADDRESS **100 N.W. 47 TERRACE**
CITY-ST-ZIP **MIAMI FL 33127**

5.1 TITLE Change Addition
5.2 NAME **D DANIELS, CLARENCE W**
5.3 STREET ADDRESS **100 N.W. 47 TERRACE**
5.4 CITY-ST-ZIP **MIAMI FL 33127**

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

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:

Henry W. Daniels **HR 958-4200 - April 30, 1997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028571

CR2E037 (9/96)