


**FILED**  
**Jun 09, 1999 8:00 am**  
**Secretary of State**

06-09-1999 90008 030 \*\*\*\*61.25

**ANNUAL REPORT 1999**



Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N98000004000**

1. Corporation Name  
**MT. TEMPLE MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business  
 2356 N.W. 67 STREET  
 MIAMI FL 33147

Mailing Address  
 2356 N.W. 67 STREET  
 MIAMI FL 33147



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/08/1998
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0847383
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>
24. County	29. County	\$8.75 Additional Fee Required
3. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
3. Name and Address of New Registered Agent		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**STATON, ANGELA**  
 1440 N.W. 55 TERRACE  
 MIAMI FL 33142

10. Name and Address of New Registered Agent

61. Name  
 62. Street Address (P.O. Box Number is Not Acceptable)  
 63.  
 64. City FL 65. 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: *Angela M. Staton* DATE: **3 June 99**

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman Deacon	1.1 TITLE	
NAME	Sammy T. Daniels	1.2 NAME	
STREET ADDRESS	1742 NW 51 Terrace	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33142	1.4 CITY-ST-ZIP	
TITLE	Chairman Trustee	2.1 TITLE	
NAME	Edward Singleton	2.2 NAME	
STREET ADDRESS	1721 NW 91 Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33147	2.4 CITY-ST-ZIP	
TITLE	Chairman Brethren	3.1 TITLE	
NAME	Ronnie Baker	3.2 NAME	
STREET ADDRESS	2011 SW 114 Avenue	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33189	3.4 CITY-ST-ZIP	
TITLE	Secretary	4.1 TITLE	
NAME	Angela M. Staton	4.2 NAME	
STREET ADDRESS	1440 NW 55 Terrace	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33142	4.4 CITY-ST-ZIP	
TITLE	Pastor	5.1 TITLE	
NAME	Rev. Willie L. McCrae	5.2 NAME	
STREET ADDRESS	1022 NW 1st Court	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33186	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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, with all other like empowerments.

SIGNATURE: *Angela M. Staton* SIGNATURE REQUIRED *Angela M. Staton* 6/26/99 305 545 352

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E037 (11/88)

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