

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**\*FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB -9 AM 11:20

**DOCUMENT # N92000000061 (3)**

1. Corporation Name

**BARUCH CHRISTIAN FELLOWSHIP MINISTRIES, INC.**

Principal Place of Business

130 N.W. 147 STREET  
N. MIAMI BEACH FL 33168

Mailing Address

130 N.W. 147 STREET  
N. MIAMI BEACH FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1992

3a. Date of Last Report

10/26/1994

4. FEI Number

65-0370342

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**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PINDER, JULIEANN REV.  
130 N.W. 147 STREET  
N. MIAMI BEACH FL 33168

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

PINDER, JULIEANN

STREET ADDRESS

130 N.W. 147TH STREET

CITY- ST- ZIP

MIAMI FL 33168

TITLE

T

NAME

PINDER, PRINCEY G.

STREET ADDRESS

130 N.W. 147TH STREET

CITY- ST- ZIP

MIAMI FL 33168

TITLE

T

NAME

BARNES, PATRICIA

STREET ADDRESS

7320 N.W. 21ST AVE.

CITY- ST- ZIP

MIAMI FL 33147

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

D/P

T/V/TR.

T/S/TR.

ROSE M. BOWE (TR)  
18904 N.W. 54th Ave.  
Miami, Florida 33055

(TR) Josephie Campbell (TR)  
130 N.W. 147th St.  
Miami, FL 33168

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Julieann Pinder* JULIEANN PINDER

2-2-95 (305)769-0042