

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 15 PM 3:17

DOCUMENT # 728563 (8)

1. Corporation Name

NEW SHILOH MISSIONARY BAPTIST CHURCH OF MIAMI, I NC.

Principal Place of Business

Mailing Address

1350 N W 95 ST
MIAMI FL 33147

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MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1974

3a. Date of Last Report

02/18/1994

4. FEI Number

59-0658731

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

10. Name and Address of New Registered Agent

BARRY BOREN, ESQ
9200 S DADELAND BLVD 412
MIAMI FL 33156

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PCD

NAME

MATCHETT, CURTIS

STREET ADDRESS

756 N.W. 45 STREET

CITY- ST- ZIP

MIAMI FL

TITLE

V

NAME

JOHNSON, EDWARD

STREET ADDRESS

1100 NW LITTLE RIVER DR

CITY- ST- ZIP

MIAMI, FL 33147

TITLE

TD

NAME

RICHARDSON, LEROY

STREET ADDRESS

2021 NW 190TH TERR.

CITY- ST- ZIP

MIAMI FL

TITLE

SD

NAME

BURKE, WALTER

STREET ADDRESS

3041 NW 175 ST

CITY- ST- ZIP

OPA LOCKA FL

TITLE

D

NAME

WEKCGM-0AN

STREET ADDRESS

5600 NW 9TH AVE.

CITY- ST- ZIP

MIAMI FL

TITLE

SD

NAME

LOVETT, BRENDA

STREET ADDRESS

5915 N.W. 12TH AVE.

CITY- ST- ZIP

MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

WELCH, SAUNDERS

5.3 STREET ADDRESS

5.4 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 is voluntarily furnished and 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 in an attachment with an address.

SIGNATURE:

Brenda Lovett

Brenda Lovett

February 6, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Typed)