

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

FILED  
Jul 27 1998 8:00am  
Secretary of State

DOCUMENT # 728563 (8)  
1. Corporation Name

NEW SHILOH MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

1350 N.W. 95TH STREET  
MIAMI FL 33147

Mailing Address

1350 N.W. 95TH STREET  
MIAMI FL 33147

3. Date Incorporated or Qualified

01/08/1974

4. FEI Number

59-0658731

Applied For

Not Applicable

5. Certificate of Status Desired

☒ 23

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30 Zip

Country

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD JACKSON, ARTHUR JR.  
1350 N.W. 95TH STREET  
MIAMI FL 33147

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VT JOHNSON, EDWARD  
1100 NW LITTLE RIVER DR  
MIAMI, FL 33147 33150

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TD RICHARDSON, LEROY  
2021 NW 190TH TERR.  
MIAMI FL 33056

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

SD ROUNDTREE, CLARA  
1358 N.W.  
MIAMI FL 33147

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D WELCH, SAUNDERS  
5600 NW 9TH AVE.  
MIAMI FL 33127

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

SD LOVETT, BRENDA  
8711 N.W. 29TH AVE.  
MIAMI FL 33147

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

7.00002602421

-07/30/98--01022--011

\*\*\*140.00

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:

Brenda Lovett, Secretary

7/10/98

305-835-8380

Date

Daytime Phone #

CR2E037 (5/98)