

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90015 001 ***210.00

DOCUMENT # 728563

1. Corporation Name

NEW SHILOH MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

1350 N.W. 95TH STREET
MIAMI FL 33147

1350 N.W. 95TH STREET
MIAMI FL 33147



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/08/1974

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-0658731

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 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 PD
NAME JACKSON, ARTHUR JR.
STREET ADDRESS 1350 N.W. 95TH STREET
CITY-ST-ZIP MIAMI FL 33147

☐ DELETE

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

☐ Change ☐ Addition

TITLE VT
NAME JOHNSON, EDWARD
STREET ADDRESS 1100 NW LITTLE RIVER DR
CITY-ST-ZIP MIAMI, FL 33147 33150

☐ DELETE

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

☐ Change ☐ Addition

TITLE TD
NAME RICHARDSON, LEROY
STREET ADDRESS 2021 NW 190TH TERR.
CITY-ST-ZIP MIAMI FL 33056

☐ DELETE

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

☐ Change ☐ Addition

TITLE SD
NAME ROUNDTREE, CLARA
STREET ADDRESS 1358 N.W.
CITY-ST-ZIP MIAMI FL 33147

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME WELCH, SAUNDERS
STREET ADDRESS 5600 NW 9TH AVE.
CITY-ST-ZIP MIAMI FL 33127

☐ DELETE

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

☐ Change ☐ Addition

TITLE SD
NAME LOVETT, BRENDA
STREET ADDRESS 6711 N.W. 29TH AVE.
CITY-ST-ZIP MIAMI FL 33147

☐ DELETE

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Brenda Lovett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/99
Date

305-835-8380
Daytime Phone #

CR2E037 (5/99)