

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 701200 (8)

SWEETFIELD BAPTIST CHURCH INCORPORATED, OF MIAMI, DADE COUNTY, FLORIDA

Principal Place of Business: 3585 PLAZA STREET, MIAMI FL 33133, US  
Mailing Address: 3585 PLAZA STREET, MIAMI FL 33133



600001906176  
-07/26/96--01085--005  
\*\*\*70.00

3. Date Incorporated or Qualified: 07/15/1960  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 05-0184000  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: JONES, VIOLA R., 3512 WILLIAMS AVENUE, MIAMI FL 33133

10. Name and Address of New Registered Agent (81-85): CORA BYNUM, 10902 S.W. 162 STREET, MIAMI, FL 33157

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 the applicant. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, EMANUEL	
STREET ADDRESS	3330 FROW AVE.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BEMBRY, ODESSA	
STREET ADDRESS	3171 MCDONALD ST.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BALLARD, TERRI V.	
STREET ADDRESS	6104 S.W. 68TH ST.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, HUGH	
STREET ADDRESS	3650 FROW AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCFADDEN, EARNEST	
STREET ADDRESS	6250 SW 58TH PLACE	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, VIOLA	
STREET ADDRESS	3512 WILLIAMS AVE.	
CITY-ST-ZIP	MIAMI FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BYNUM, CORA	
1.3 STREET ADDRESS	10902 S.W. 162 STREET	
1.4 CITY-ST-ZIP	MIAMI, FL 33157	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McFadden, ERNEST	
2.3 STREET ADDRESS	6250 S.W. 58 PLACE	
2.4 CITY-ST-ZIP	MIAMI, FL 33143	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VICKERS, TERRI	
3.3 STREET ADDRESS	6104 S.W. 68 STREET	
3.4 CITY-ST-ZIP	MIAMI, FL 33143	
4.1 TITLE	MAZERINE JOHNSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MAZERINE JOHNSON	
4.3 STREET ADDRESS	3281 N.W. 214 ST.	
4.4 CITY-ST-ZIP	OPA LOCKA, FLA. 33056	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CURRY, DAISY	
5.3 STREET ADDRESS	1400 N.W. 116 STREET	
5.4 CITY-ST-ZIP	MIAMI, FL 33167	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BEMBRY, ODESSA	
6.3 STREET ADDRESS	3100 NEW YORK STREET	
6.4 CITY-ST-ZIP	MIAMI, FL 33133	

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 on an attachment with an address.

SIGNATURE: *Therese Secretary* 7-23-96 6666975  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)