FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

701200

(8)

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

Principal Place of Business Mailing Address 3585 PLAZA STREET 3585 PLAZA STREET MIAMI FL 33133 MIAMI FL 33133-5725 3. Date Incorporated or Qualified 3a. Date of Last Report 07/15/1960 07/26/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 05-0184000 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes 116 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 61 BYNUM, CORA Street Address (P.O. Box Number is Not Acceptable) 10902 S.W. 162 STREET 83 Miami Fl 33157 84 City Zip Code 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 it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE D 1 1 TITLE Change Addition NAME JOHNSON, MAZERINE 1.2 NAME STREET ADDRESS 3281 NW 214 ST. 1.3 STREET ADDRESS OPA LOCKA FL 33056 CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME **CURRY, DAISY** 2.2 NAME STREET ADDRESS 1400 NW 116 STREET 2.3 STREET ADDRESS MIAMI FL 33167 2.4 CITY - ST-ZIP CITY-ST-ZIP DELETE D TRAASULER TITLE 3.1 TITLE 70000214028^{37han}% -04/11/97--01030 ***70.00 NAME BEMBRY, ODESSA 3.2 NAME 3100 NEW YORK ST. STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33133** CITY - ST - ZIP 3.4 CITY-ST-ZIP Addition DELETE Terei Vickers Change TITLE 4.1 TITLE NAME 4.2 NAME 6100 SW 68 STI STREET ADDRESS 4.3 STREET ADDRESS MIAMILFLA 33143 CITY-ST-ZIP 4.4 CITY - ST - ZIP MCFADDEN, GRNOST Change DELETE TOTAL F 5.1 TITLE NAME 5.2 NAME 6250 SW. 58th PL. STREET ADDRESS **5.3 STREET ADDRESS** MIAMI, FLA 33143 VICE PRESIDEN CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change DELETE TITLE 6.1 TITLE JONES NAME 6.2 NAME 3512 WILLIAMS AVE STREET ADDRESS **6.3 STREET ADDRESS**

14. I do 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:

FILED

Apr 10 1997 8:00am

Secretary of State