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Mailing Address

MIAMI FL 33133

3585 PLAZA STREET

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701200

1. Corporation Name

MIAMI FL 33133

Principal Place of Business 3585 PLAZA STREET

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

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Country Zip Country Signature, byped or printed name of registered agent and title if applicable. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Suite, Apt. #, etc. Country Country City & State Signature, byped or printed name of registered agent and title if applicable. Suite, Apt. #, etc. Suite, Apt. #, etc. Country	FL rpose of appoint	\$8.75 Fee Ro \$5.00 Added Agent 85 Zip changing its	
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Trust Fund Contribution 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MCFADDEN, EARNEST 6250 S.W. 58 PLACE MIAMI FL 33143 84 City 11. Pursuant to the provisions of Sections 617,0502 and 617:1508. Florida Statutes, the above-named corporation submits this statement for the pur 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signsture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	FL rpose of appoint	Added Agent 85 Zip changing its	Code s registered
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CITY-ST-ZIP MIAMI FL 33133 1.4 CITY-ST-ZIP		Change	Addition
TITLE D DELETE 21 TITLE		Change	[_] Addition
NAME CURRY, DAISY 22 NAME	•		
STREET ADDRESS 1400 NW 116 STREET 23 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL 33167 2.4CITY-ST-ZIP			
TITLE T DELETE 3.1 TITLE		☐ Change	Addition
NAME PARKER, EMANUEL 32 NAME		,	
STREET ADDRESS 21935 S.W. 109 AVENUE 33 STREET ADDRESS			
AMARI PL DOUTO			
CITY-ST-ZIP MIAMI FL 33170 34-CITY-ST-ZIP DELETE 4.1 TITLE		Change	Addition
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NAME VICKERS, TERRI 4.2 NAME 4.2 NAME		•	
STREET ADDRESS 6100 S.W. 68TH STREET 43 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL 33143 44 CITY-ST-ZIP		- Ch	
TITLE VP DELETE 5.1 TITLE		Change	☐ Addition
NAME ELZIE, JACKSON 52 NAME			
STREET ADDRESS 3001 N.W. 55 STREET 5.3 STREET ADDRESS	•		
CITY-ST-ZIP MIAMI FL 33142 54 CITY-ST-ZIP			
TITLE D DELETE 6.1 TITLE		☐ Change	Addition
NAME JONES, VIOLA 62 NAME	•		
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OF A PRICE PRICE OF THE PRICE O			
CITY-ST-ZIP MIAMI FL 33133 6.4 CITY-ST-ZIP 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 fur	ither cer	tify 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 op-an-attachment with an address, with all other like empowered.

SIGNATURE:



4-11-9-9

Daytime Phone #

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90109 017 ****70.00