

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 # 701970 (6)

1. Corporation Name

CHOSEN MISSIONARY BAPTIST CHURCH INC



Principal Place of Business

1641 NW AVE G
P O BOX 174
BELLE GLADE FL 33430

Mailing Address

1641 NW AVE G
P O BOX 174
BELLE GLADE FL 33430

3. Date Incorporated or Qualified
01/28/1961

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

30 Country

4. FEI Number
59-1846826

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, SANFORD T.
908 NE 30 ST.
BELLE GLADE FL 33430

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 JONES, SANFORD T.
STREET ADDRESS 908 NE 30 ST.
CITY-ST-ZIP BELLE GLADE FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE S
NAME BROOKS, LURLINE
STREET ADDRESS 1505 N.W. AVE. G
CITY-ST-ZIP BELLE GLADE FL ☐ DELETE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D
NAME BEIERSDORFER, JAMES
STREET ADDRESS 1508 1/2 NW12 ST.
CITY-ST-ZIP BELLA GLADE FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D
NAME DAWSON, CURTIS
STREET ADDRESS 600 NW AVENUE G
CITY-ST-ZIP BELLE GLADE FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D
NAME MCMILLAN, LESTER
STREET ADDRESS 124 SE 4TH STREET
CITY-ST-ZIP BELLE GLADE FL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Sanford Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18 1996 996-7770
Date Daytime Phone #

CR2E037 (12/95)