

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703458 (0)

1. Corporation Name

STANTON MEMORIAL BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

50 NE 119TH STREET
MIAMI FL 33161-5399
US

50 NE 119TH STREET
MIAMI FL 33161-5399
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1962

3a. Date of Last Report

04/01/1994

4. FEI Number

59-0944178

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

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

KNIGHT, DR ROBERT D
49 NE 106TH ST
MIAMI SHORES FL 33161

81 Name

James K. Anthony

82 Street Address (P.O. Box Number is Not Acceptable)

375 N.W. 122nd Street

83

Miami

84 City

FL

85 Zip Code

33168

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE James K. Anthony, Treasurer

Signature, typed or printed name of registered agent and fee if applicable

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

James K. Anthony 4/17/95

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD
NAME	ANTHONY, JAMES K.
STREET ADDRESS	375 N.W. 122ND ST.
CITY-ST-ZIP	MIAMI FL
TITLE	VPD
NAME	JONES, KYLE
STREET ADDRESS	630 PERVIZ AVE
CITY-ST-ZIP	OPA-LOCKA FL
TITLE	SD
NAME	KIMBROUGH, R. LANE
STREET ADDRESS	231 S. HIBISCUS CT
CITY-ST-ZIP	PLANTATION FL
TITLE	PD
NAME	PAPPAS, STEVEN J
STREET ADDRESS	16433 NE 31ST AVE
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/D	☒ Change ☐ Addition
2.2 NAME	Kyle Jones	
2.3 STREET ADDRESS	630 Perviz Avenue	
2.4 CITY-ST-ZIP	OPA-LOCKA, FL. 33054	
3.1 TITLE	S/D	☒ Change ☐ Addition
3.2 NAME	Pete Bongiovanni	
3.3 STREET ADDRESS	4955 N.W. 199th St., Box 134	
3.4 CITY-ST-ZIP	OPA-LOCKA, FL. 33055-1758	
4.1 TITLE	VP/D	☒ Change ☐ Addition
4.2 NAME	John R. Hall	
4.3 STREET ADDRESS	6510 Lake Como Terrace	
4.4 CITY-ST-ZIP	Miami Lakes, FL. 33014	
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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

James K. Anthony
James K. Anthony, Treasurer

4/17/95

Date

305-759-5769

Daytime Phone #