2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 26, 2004 8:00 am **Secretary of State DOCUMENT # 703458** 1. Entity Name 03-26-2004 90025 026 ****61.25 STANTON MEMORIAL BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 50 NE 119TH STREET MIAMI FL 33161-5399 50 NE 119TH STREET MIAMI FL 33161-5399 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-0944178 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALL, JOHN R Street Address (P.O. Box Number is Not Acceptable) 329 PALERMO AVNUE MIAMI FL 33134 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 3/21/04 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TDAS VTD Change Delete ☐ Addition TITLE TITLE HALL, JOHN R NAME Hall John R NAME 329 PALERMO AVE STREET ADDRESS STREET ADDRESS (same address) MIAMI FL 33134 CITY-ST-ZIP CITY-ST-ZIP Addition V Delete TITLE Change TITLE GARCIA, ANTONIO NAME Maurice Williams NAME 1845 NE 174TH ST 12505 NORTH MIAMI AVENUE STREET ADDRESS STREET ADDRESS N MIAMI BEACH FL 33162 North Miami, FL 33169 CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change Roger Lifleur LINDO, LUDRICK NAME NAME 13124 SW 31 Street 8131 NW 197 STREET STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 Miramar FL 33027 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE LISSADE, JOSEPH NAME NAME 220 NW 146 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33168 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 report or supplemental 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 amply legal to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an laddress, but all other like empowered.

SIGNATURE:

FILED