


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90010 029 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705038

1. Corporation Name

BAPTIST RETIREMENT CENTER OF MIAMI INC

Principal Place of Business

7855 S W 104TH STREET
MIAMI FL 33156
US

Mailing Address

7855 SW 104TH STREET
MIAMI FL 33156
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/10/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1197144	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24		25		29	

9. Name and Address of Current Registered Agent

CLEELAND, DAVID
7855 SW 104TH STREET
SUITE 2120
MIAMI FL 33156

10. Name and Address of New Registered Agent

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	DELETED	1.1 TITLE	Change	Addition
NAME	WILLIAMS, LESUE		1.2 NAME		
STREET ADDRESS	7701 SW 98TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETED	2.1 TITLE	Change	Addition
NAME	RANSOM, PERCY		2.2 NAME		
STREET ADDRESS	21515 NW 28TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL		2.4 CITY-ST-ZIP		
TITLE	D	DELETED	3.1 TITLE	Change	Addition
NAME	LEDBETTER, TOM		3.2 NAME		
STREET ADDRESS	1265 NE 199TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		3.4 CITY-ST-ZIP		
TITLE	VPD	DELETED	4.1 TITLE	Change	Addition
NAME	HALL, JOHN		4.2 NAME		
STREET ADDRESS	6510 LAKE COMO TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		4.4 CITY-ST-ZIP		
TITLE	D	DELETED	5.1 TITLE	Change	Addition
NAME	CARVAJAL, REINALDO		5.2 NAME		
STREET ADDRESS	14518 SW 98TH TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE		DELETED	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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, with all other like empowered.

SIGNATURE: Lesue Williams RESIGNED Williams 7/7/99 305 595-6550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #