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

FILED
95 FEB 20 AM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706408 (2)

1. Corporation Name
MIAMI BEACH FIRST BAPTIST CHURCH, INC.

Principal Place of Business
2816 SHERIDAN AVE
MIAMI BEACH FL 33140

Mailing Address
405 W 28TH ST
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1963
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-0651075 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

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

PLOTKIN, MICHAEL
1020 6TH STREET, #4
MIAMI BEACH FL 33139

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 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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	POSSIEL, HERB
STREET ADDRESS	1940 WASHINGTON AVE, 103
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	VCT
NAME	PLOTKIN, CINDY
STREET ADDRESS	1020 6TH STREET, #4
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	SD
NAME	OLSON, LORRAINE
STREET ADDRESS	6490 COLLINS AVE., #5
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	HARRELL, NELLIE
STREET ADDRESS	5100 LAGORCE DR.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	HUGH, O'NEIL
STREET ADDRESS	3515 SOUTHLAKE DR.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	PLOTKIN, MICHAEL
STREET ADDRESS	1020 6TH STREET, #4
CITY-ST-ZIP	MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	[X] Change [X] Addition
1.2 NAME	O'NEIL, HUGH	
1.3 STREET ADDRESS	3515 SOUTHLAKE DRIVE	
1.4 CITY-ST-ZIP	~~MIAMI, FL. 33155~~	
2.1 TITLE		☐ Change [X] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
3.1 TITLE	SD	[X] Change ☐ Addition
3.2 NAME	DAVIS-TAYLOR, ANGELIQUE	
3.3 STREET ADDRESS	405 WEST 28th STREET	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33140-4307	
4.1 TITLE		☐ Change [X] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141	
5.1 TITLE		[X] Change ☐ Addition
5.2 NAME	D E L E T E	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change [X] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	

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: Hugh O'Neil — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: FEBRUARY 17, 1995 — Daytime Phone

0007000