## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706

(2)

MIAMI BEACH FIRST BAPTIST CHURCH, INC.

| Principal Place of Business Mailing Address   |   |  |                           |   |               |              |   |        |  |
|---|---|--|---------------------------|---|---------------|--------------|---|--------|--|
| i rincipal riac   | d of Dosiness   | Maining Address  | idining Address           |   |               |              |   |        |  |
| 2816 SHERIDAN   |   | 405 W 28TH ST  |                           |   |               |              | 3. Date Incorporated or Qualified   |        |  |
| MIAMI BEACH I   | FE 33140  | MIAMI BEACH FL 33140                                     |                           |   |               | _            | 11/13/1963  |        |  |
|   |   |  |                           |   |               |              | 4. FEI Number Applied Fo  |        |  |
| 2 Principal F   | Place of Business   | 2a. Mailing Address                                      | Mailing Address           |   |               |              | 59-0651075   Not Applic   |        |  |
| 21 Principal P  | Tace of business  | 26 Visinity Address                                      |                           |   |               |              | 5. Certificate of Status Desired See Required   | al     |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                                      |                           |   |               |              | 6. Election Campaign Financing \$5.00 May Be  |        |  |
| 22  |   | 27   |                           |   |               |              | Trust Fund Contribution   |        |  |
| City & State  |   | City & State   |                           |   |               |              | 7- Is this nonprofit corporation a homeowners association?                              |        |  |
| 23  |   | 28   |                           |   |               |              | ☐ Yes ☐ No  |        |  |
| Zip   | Country   | <b>├</b> ── '  | Zip Count                 |   | '             |              | 8. This corporation owes or has paid the current year Intangible                        |        |  |
| 24  | 25  | 29 30  |                           | 1   |               |              | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent |        |  |
|   | 9. Name and Address of Curre  | nt Hegistered Agent                                      |                           | 81  | Name          |              | to. Name and Address of New Registered Agent  |        |  |
|   |   |  |                           |   |               |              |   |        |  |
| PLOTKIN, MICHAEL  |   |  |                           | 82 Street Address (P.O. Box Number is Not Acceptable) |               |              |   |        |  |
| 1   | H STREET, #4<br>EACH FL 33139   |  |                           | 83  |               |              |   | —      |  |
| MIAMID  | EAGN FE 33139   |  |                           |   |               |              |   |        |  |
|   |   |  |                           | 84  | City          |              | FL 85 Zip Code  |        |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, o both, in the State of Florida, Suor Grange was authori agent. I am familiar with and accept the obligation of 617.0503, Florida S |   |  |                           |   |               | corpora      | ration submits this statement for the purpose of changing its registe                   | ered   |  |
| office or a   | registered agent, o both, in the State<br>am familia: with and accept the oblig | ationaldi, Subtrahange was<br>ationaldi, Subtrahange was | authorized<br>Iorida Stat | a by<br>utes  | tne cor<br>S. | poration     | n's board of directors. I hereby accept the appointment as register                     | ea     |  |
| SIGNATURE   |   |  |                           |   |               |              | JANUARY 7,1998  | 3      |  |
|   | Signature, typed or printed name of registered ag                               |  |                           | 1 Age   | nt signature  | required v   | when reinstating) DATE  | ·      |  |
| 12.   |   | ND DIRECTORS   |                           | 13.   |               | 1            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                       | lition |  |
| TITLE   | C   | DELETE   |                           | 1.1 TITLE<br>1.2 NAME                                 |               |              | Change Au   | 11011  |  |
| NAME  | O'NEIL, HUGH  |  |                           |   |               |              |   |        |  |
| STREET ADDRESS  | 3515 SOUTHLAKE DRIVE  |  |                           | 1.3 STREET ADD  |               |              |   | i      |  |
| CITY-ST-ZIP   | MIAMI FL  | DELETE   |                           | 2.1 TITLE   |               | <del> </del> | ☐ Change ☐ Ado  | fition |  |
| TITLE   | VCT   | 1 DECEMB   |                           | 2.2 NAME  |               |              | onungo  |        |  |
| STREET ADDRESS  | PLOTKIN, CINDY<br>1020 6TH STREET. #4   |  |                           | 2.3 STREET ADDR                                       |               |              |   |        |  |
|   | MIAMI BEACH FL  |  | B .                       | 2.4 CITY-S  |               |              |   |        |  |
| TITLE   | D D   | DELETE   | 3.1 TI                    |   | 91 - ZIF      | <del> </del> | ☐ Change 🙀 Ado  | dition |  |
| NAME  | ZULMA GOMEZ   | •  | 3.2 NA                    | ME  |               | D 7          | JAMES BUTT  |        |  |
| STREET ADDRESS  | 619 EUCLID AVE., #2A  |  | 3.3 ST                    | REET.   | ADDRESS       | _            | 465 OCEAN DRIVE # 316   |        |  |
| CITY-ST-ZIP   | MIAMI BEACH FL  |  | 3.4. C                    | 3.4. CITY-ST-Z  |               |              | MIAMI BEACH, FL. 33139  |        |  |
| TITLE   | D   | DELETE   | 4.1 TI                    | 4.1 TITLE   |               | <del> </del> | Change Add  | lition |  |
| NAME  | GREGOR VON ZIELINSKI  |  | 4. 2 N                    | 4. 2 NAME   |               |              |   |        |  |
| STREET ADDRESS  | 405 W. 28TH ST.   |  | 4.3 ST                    | 4.3 STREET ADDRESS                                    |               |              |   |        |  |
| CiTY-ST-ZiP   | MIAMI BEACH FL  |  | 4.4 CF                    | 4.4 CITY-ST-ZIP                                       |               |              |   |        |  |
| TITLE   | D   | ☐ DELETE   | 5.1 TII                   | 5.1 TITLE   |               |              | Change Add  | tition |  |
| NAME  | PLOTKIN, MICHAEL  |  | 5.2 NA                    | 5.2 NAME  |               |              |   |        |  |
| STREET ADDRESS  | 1020 6TH STREET, #4   |  | 5.3 ST                    | 5.3 STREET A  |               |              |   |        |  |
| CITY-ST-ZIP   | MIAMI BEACH FL  |  | 5.4 CI                    | (Y-\$1  | T-ZIP         |              |   |        |  |
| TITLE   | DS  | DELETE   | 6.1 Ti                    | LE  |               |              | Change Ado  | lition |  |
| NAME  | NANCY FREEMAN,  | •  | 6.2 NA                    | ME  |               |              |   |        |  |
| STREET ADDRESS  | 2030 PARK AVE., #210  |  | 6.3 \$T                   | REET  | ADDRESS       |              |   |        |  |

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 of 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 of an attachment with an address.

SIGNATURE:

Hugh WHENEY UIRE

JANUARY 7:,19

305-538-3507

**FILED** 

Jan 15 1998 8:00am

Secretary of State

Darsime Phone #