FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **706494** **(2)**

1. Corporation Name

SOUTH MIAMI HEIGHTS BAPTIST CHURCH, INC.

Principal Place of Business
11295 SW 186TH ST.
MIAMI FL 33157-6542

Mailing Address
11295 SW 186TH ST.
MIAMI FL 33157-6542

3. Date Incorporated or Qualified: 12/03/1963
3a. Date of Last Report: 05/01/1995

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

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

4. FEI Number: 59-6032414 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FOSTER, CRAIG C
1626 N. BLUEBIRD LANE
HOMESTEAD FL 33035

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11331 SW 176th Street
83
84 City: Miami FL 85 Zip Code: 33157

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 of Registered Agent required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HUDSON, BERYL	
STREET ADDRESS	11720 SW 169TH TERR.	
CITY, ST, ZIP	MIAMI FL 33177	
TITLE	D	☐ DELETE
NAME	DOUCHAND, MANTIA	
STREET ADDRESS	200020 SW 124TH PL	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	STIMPSON, MICHAEL	
STREET ADDRESS	15621 SW 51ST TERR.	
CITY, ST, ZIP	MIAMI FL 33157	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS LISTED

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	ROSS-HUDSON, BERYL	
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
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 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: Beryl Ross-Hudson
Beryl Ross-Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-21-96

Daytime Phone #: 305 232-2050

CR2E037 (12/95)