


FILE NOW: FILING FEE IS \$61.25

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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/03/1963
4. FEI Number 59-6032414
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 11295 Quail Roost Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 11295 Quail Roost Dr. Suite, Apt. #, etc.
City & State 23 Miami, FL 33157-6542	City & State 28 Miami, FL
Zip 24	Country 25 USA
Zip 29 33157-6542	Country 30 USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent STIMPSON, MICHAEL 15621 SW 51 TERR MIAMI FL 33185	
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10. Name and Address of New Registered Agent	
81 Name Mr. Henson Archibald	
82 Street Address (P.O. Box Number is Not Acceptable) 9120 Caribbean Blvd.	
83	
84 City Miami	85 Zip Code FL 33185

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 Mr. Henson Archibald, Pastor (NOTE: Registered Agent signature required when relistings) **Feb. 8, 1998**
Signature, typed or printed name of registered agent and title if applicable. DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D ROSS-HUDSON, BERYL
STREET ADDRESS	11720 SW 189TH TERR.
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D DOUCHAND, MANTIA
STREET ADDRESS	200020 SW 124TH PL
CITY-ST-ZIP	MIAMI FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D BROWN, LLOYD
STREET ADDRESS	17331 SW 119 CT
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Michael Stimpson
3.3 STREET ADDRESS	15621 S.W. 51 terr.
3.4 CITY-ST-ZIP	Miami, FL 33185
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Mr. Henson Archibald **Feb. 8, 1998** (305) 732-2050

CR2E037 (1097)