

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

FILED

**Sep 19 1997 8:00am
Secretary of State**

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 707599 (7)

1. Corporation Name
SECOND BAPTIST CHURCH OF RICHMOND HEIGHTS, INC.



| | |
|---|---|
| Principal Place of Business 11111 PINKSTON DRIVE RICHMOND HEIGHTS FL 33176-6442 | Mailing Address 11111 PINKSTON DRIVE RICHMOND HEIGHTS FL 33176-6442 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/17/1964 | 3a. Date of Last Report 05/13/1996 |
| 4. FEI Number 59-1618524 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 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

**REV JOHN A FERGUSON
11111 PINKSTON DRIVE
RICHMOND HEIGHTS FL**

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

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | PINCKNEY, SUSAN |
| STREET ADDRESS | 11100 SW 120TH ST |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | THOMPSON, ANITA |
| STREET ADDRESS | 13936 SW 90 AVE #CC208 |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | FERGUSON, REV JOHN A |
| STREET ADDRESS | 11525 SW 136 TERRACE |
| CITY-ST-ZIP | RICHMOND HGTS FL |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | KEMP, WILKES |
| STREET ADDRESS | 12750 SW 92 COURT |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | WILSON, KATHRYN |
| STREET ADDRESS | 13600 HARRISON STREET |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | HINSON, JOHN |
| STREET ADDRESS | 12845 SW 196 STREET |
| CITY-ST-ZIP | MIAMI FL |

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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 do 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 _____ SIGNATURE REQUIRED _____

CR2E037 (4/97)