

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 708545 (9)  
1. Corporation Name  
JORDAN CHAPEL FREE-WILL BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

3415 GRAND AVENUE  
MIAMI FL 331333415 GRAND AVENUE  
MIAMI FL 33133-50143. Date Incorporated or Qualified  
02/25/19653a. Date of Last Report  
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24 Zip Country

4. FEI Number

05-0114808

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, GARY WAYNE  
4261 NW 2ND STREET  
PLANTATION FL 33317

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	THOMPSON, GARY WAYNE	
STREET ADDRESS	4261 NW 2ND STREET	
CITY - ST - ZIP	PLANTATION FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DOROTHY HENRY	
STREET ADDRESS	3737 FROW AVE	
CITY - ST - ZIP	COCONUT GROVE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ISAAC EVERETT	
STREET ADDRESS	3411 DAY AVE	
CITY - ST - ZIP	COCONUT GROVE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	HENLY, BETTY	
STREET ADDRESS	3165 CARTER ST	
CITY - ST - ZIP	COCONUT GROVE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	NIXON, MARY	
STREET ADDRESS	5835 SW 58TH TERR	
CITY - ST - ZIP	S MIAMI FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	READON, GERTRUDE	
STREET ADDRESS	1274 NW 38TH ST	
CITY - ST - ZIP	MIAMI FL	

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: DOROTHY HENRY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026834

CR2E037 (9/96)