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

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 POCUMENT #

708820

(6)

CENTRAL MISSIONARY BAPTIST CHURCH OF WEST HOLLYW

OOD, INC.												
Principal Place of Business			Mailing Address				1 180111 18011 80101 38401 48118 11811		HULL BIDAL BIDIK U	IIII BIBII IBDI		
5001 SW 20 ST HOLLYWOOD FL 33023 US			5001 SW 20 ST HOLLYWOOD FL 33023 US				Date Incorporated or Qualified 04/19/1965 FEI Number			pplied For		
2. Principal P	lace of Business	<del></del>	2a. Mailing Address				_	59-2536313			lot Applicable	
21			26			5	<ul> <li>Certificate of Status Desired</li> </ul>			Additional lequired		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			6	· Election Campaign Financing		\$5.00			
22			27				Trust Fund Contribution		Added t			
City & State			City & State			7.	ls this nonprofit corporation a h			n?		
23			28				···········		□ No			
<del></del>	Zip Country		<u></u>		Country		8	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No				
24	25   9. Name and Addres		<u>- 1                                   </u>	30	1		10	Personal Property Tax due June Name and Address of New Re				
					81	Name		Than butter readings of the training				
FERGUSON, OBADIAH							,		<del></del>			
5700 MAYO STREET			82			Street Ac	oress (	P.O. Box Number Is Not Accepta	)( <b>e</b> )			
HOLLYWOOD FL 33023					83							
					84	City				85 Zip	Code	
						•			F	L-		
11. Pursuant office or r	to the provisions of Secti egistered agent, or both,	ons 617.0502 and in the State of Fl	d 617.1508, Florida Statu orida. Such change was	utes, the a authorize	above ed by	named corpor	orporation's	on submits this statement for the board of directors. I hereby acce	purpose of the ar	of changing I	ts registered registered	
agent. La	m familiar with, and acco	pt the obligation	s of, Section 617.0503, F	Florida Sta	tutes	i.						
SIGNATURE	Stonature, typed or printed name	of spaintained agent and	tile if englicable (NiC	TC Pagistors	od Ann	nt signature red	o drad uma	an religion)	DATE			
12.		FICERS AND DI	·····	13.		ur eignatura ret	•	ADDITIONS/CHANGES TO OFFIC		ID DIRECTOR	RS IN 12	
TITLE	C		☐ DELETE	1.11	ITLE			<u>.                                    </u>		☐ Change	☐ Addition	
NAME	ALEXANDER, LEONARD		1.2 N		NAME							
STREET ADDRESS	5519 MAYO ST			1.3 5	STREET	ADDRESS						
CITY-ST-ZIP	HOLLYWOOD FL			1.40	CITY-S	T-ZIP						
TITLE	D		☐ DELETE	2.1 T	ITLE	ľ				Change	☐ Addition	
NAME			221		2.2 NAME							
STREET ADDRESS			2.3 \$		2.3 STREET ADDRESS			and the state of t				
CITY-ST-ZIP W HOLLYWOOD FL					2. 4 CITY-ST-ZIP							
TITLE	ST		☐ DELETE	3.17	ITLE					☐ Change	Addition	
NAME	FERGUSON, OBAD			3.2 N	IAME							
STREET ADDRESS 5001 SW 20TH ST.			3.3 STREET									
City-St-ZiP	WEST HOLLYWOO	D FL 33023	Dritze	_	CITY-S	T-ZIP					11440	
TITLE	D MOODEA MOOD		☐ DELETE	4.1 T						☐ Change	☐ Addition	
NAME MCCREA, JACOB STREET ADDRESS 5001 SW 20TH ST.					NAME							
U = 6 = 1 (6   1 1 1 1 1 6 6 6 7 1 4 4 4 4			4.3 STREET ADDRESS 4.4 City-St-Zip									
CITY-ST-ZIP TITLE	D D	D 1 L 00020	DELETE	4.4 C		1-614				Change	Addition	
NAME	ADAMS, GEORGE				IAME							
STREET ADDRESS	5001 SW 20TH ST.					ADDRESS						
CITY-ST-ZIP	WEST HOLLYWOO				STY-SI							
TITLE	1		DELETE	6.1 T		. 411				Change	Addition	
NAME	MCCREA, SAMUEL		—		IAME							
STREET ADDRESS	4430 SW 19TH ST					ADDRESS						
l	WEST HOLLYWOO	N C1		1								

CITY-ST-ZIP

WEST HOLLYWOOD FL

64 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 receivor 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:

**FILED** 

Feb 16 1998 8:00am

Secretary of State