

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90041 010 \*\*\*\*61.25

**DOCUMENT # 708820**

1. Corporation Name

**CENTRAL MISSIONARY BAPTIST CHURCH OF WEST HOLLYWOOD, INC.**

Principal Place of Business

5001 SW 20 ST  
HOLLYWOOD FL 33023  
US

Mailing Address

5001 SW 20 ST  
HOLLYWOOD FL 33023  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/19/1965

4. FEI Number

59-2536313

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

9. Name and Address of Current Registered Agent

**FERGUSON, OBADIAH**  
**5700 MAYO STREET**  
**HOLLYWOOD FL 33023**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☒ DELETE  
NAME **ALEXANDER, LEONARD**  
STREET ADDRESS **5519 MAYO ST**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☐ DELETE  
NAME **MOTES, JOHN**  
STREET ADDRESS **5613 SW 20 ST**  
CITY-ST-ZIP **W HOLLYWOOD FL**

TITLE **ST** ☐ DELETE  
NAME **FERGUSON, OBADIAH**  
STREET ADDRESS **5001 SW 20TH ST.**  
CITY-ST-ZIP **WEST HOLLYWOOD FL 33023**

TITLE **D** ☐ DELETE  
NAME **MCCREA, JACOB**  
STREET ADDRESS **5001 SW 20TH ST.**  
CITY-ST-ZIP **WEST HOLLYWOOD FL 33023**

TITLE **D** ☐ DELETE  
NAME **ADAMS, GEORGE**  
STREET ADDRESS **5001 SW 20TH ST.**  
CITY-ST-ZIP **WEST HOLLYWOOD FL 33023**

TITLE **T** ☐ DELETE  
NAME **MCCREA, SAMUEL**  
STREET ADDRESS **4430 SW 19TH ST**  
CITY-ST-ZIP **WEST HOLLYWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Rev. Jacob M. Mccrea** ☒ Change ☐ Addition  
1.2 NAME **Dr. Jacob M. Mccrea**  
1.3 STREET ADDRESS **5001 S.W. 20th St.**  
1.4 CITY-ST-ZIP **West Hollywood FL 33023**

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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Rev. Dr. Jacob M. Mccrea*

Daytime Phone # *954-411-1111*

CR2E037 (11/98)