

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90192 038 ****61.25

DOCUMENT # 711634

1. Corporation Name

THE FIRST BAPTIST CHURCH OF NORTH MIAMI, INC.

Principal Place of Business

12905 NE 8TH AVE.
NORTH MIAMI FL 33161

Mailing Address

12905 NE 8TH AVE.
NORTH MIAMI FL 33161



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/17/1966

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number
59-0809624

Applied For
Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23

Zip Country

28

Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRODGLEN, JOE
610 HAREM AVE
#714
OPA LOCKA FL 33054

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 No apt #

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

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

(NOTE: Registered Agent signature required when reinstating)

4/15/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DRA
STREET ADDRESS TRODGLEN, JOE
CITY-ST-ZIP 610 HAREM AVE
OPA LOCKA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME P
STREET ADDRESS HAMPTON, JAMES D
CITY-ST-ZIP 75 NE 134TH STREET
N MIAMI, FL 00000

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME SD
STREET ADDRESS JONES, DIANNA
CITY-ST-ZIP 5471 N.W. 174 DRIVE
CAROL CITY FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME TD
STREET ADDRESS PEARSON, RUTH
CITY-ST-ZIP 1470 NE 125 TERR 611
N MIAMI FL 33161

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: *Dianna Jones* SIGNATURE REQUIRED: DIANNA JONES 4/9/99 305-891-5504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)