


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 711634 1. Entity Name THE FIRST BAPTIST CHURCH OF NORTH MIAMI, INC.	
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Principal Place of Business 12905 NE 8TH AVE. NORTH MIAMI, FL 33161	Mailing Address 12905 NE 8TH AVE. NORTH MIAMI, FL 33161
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DO NOT WRITE IN THIS SPACE



03122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0809624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, DIANNA 5471 NW 174 DR OPA LOCKA, FL 33055

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000089303 03/15/04-80086-020 61 25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAMPTON, JAMES D 75 NE 134TH STREET MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RASD JONES, DIANNA 5471 N.W. 174 DRIVE OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PEARSON, RUTH 1470 NE 125 TERR 611 N MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Dianna Jones</i> Dianna Jones <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/12/04 891-5504 <small>Date Daytime Phone #</small>