

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712343** (3)  
1. Corporation Name  
**CENTRAL BAPTIST CHURCH OF MIAMI, FLORIDA, (INCORPORATED)**

Principal Place of Business	Mailing Address
<b>500 NORTHEAST FIRST AVENUE MIAMI FL 33132</b>	<b>500 NORTHEAST FIRST AVENUE MIAMI FL 33132</b>



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>03/03/1967</b>	Applied For Not Applicable
4. FEI Number <b>59-0651075</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CROCKETT, JERRY  
4000 SOUTHEAST FINANCIAL CENTER  
200 S BISCAYNE BLVD.  
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, FRAN C.</b>	1.2 NAME
STREET ADDRESS	<b>15095 S.W. 89TH AVE.</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAXLEY, WILLIS A.</b>	2.2 NAME
STREET ADDRESS	<b>9755 S.W. 213 TERRACE</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRYDER, CHARLES</b>	3.2 NAME
STREET ADDRESS	<b>5660 PINETREE DRIVE</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI BCH FL</b>	3.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASSELL, BEN</b>	4.2 NAME
STREET ADDRESS	<b>1614 N.W. 29 CT.</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ACTON, SUZANNE</b>	5.2 NAME
STREET ADDRESS	<b>8200 S.W. 99TH ST.</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ACTON, DAVID</b>	6.2 NAME
STREET ADDRESS	<b>10421 SW 89 AVE.</b>	6.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP

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 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:

*David Acton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/98

305-271-8136  
Daytime Phone # 0028771

CR2E037 (10/97)