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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712343

1. Corporation Name

CENTRAL BAPTIST CHURCH OF MIAMI, FLORIDA, (INCORPORATED)

Principal Place of Business
500 NORTHEAST FIRST AVENUE
MIAMI FL 33132

Mailing Address
500 NORTHEAST FIRST AVENUE
MIAMI FL 33132



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/03/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0651075	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, FRAN C.	1.2 NAME	Wynn, Larry
STREET ADDRESS	15095 S.W. 89TH AVE.	1.3 STREET ADDRESS	600 NE 36 St., PH-19
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXLEY, WILLIS A.	2.2 NAME	Baxley, Willis A.
STREET ADDRESS	9755 S.W. 213 TERRACE	2.3 STREET ADDRESS	9755 SW 213 Terr
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRYDER, CHARLES	3.2 NAME	
STREET ADDRESS	5660 PINETREE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSELL, BEN	4.2 NAME	
STREET ADDRESS	1614 N.W. 29 CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACTON, SUZANNE	5.2 NAME	
STREET ADDRESS	8200 S.W. 99TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACTON, DAVID	6.2 NAME	Acton, David
STREET ADDRESS	10421 SW 89 AVE.	6.3 STREET ADDRESS	10421 SW 89 Ave.
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, FL

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: Willis A. Baxley 1-6-99

(305) 235-7854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)