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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 712435

(7)

ST. MARK MISSIONARY BAPTIST CHURCH, INC.

| Principal Plac | a of Business | Mail on Andrew | | | |
|------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Principal Place of Business Mailing Address 1470 NW 87TH ST 1470 NW 87TH ST | | | | | |
| MIAMI FL 33 | 147 | MIAMI FL 33147 | | | |
| | | | | 3. Date Incorporated or Qualified 03/17/1967 | 3a. Date of Last Report 06/26/1995 |
| | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. | # oto | 26 | | 59-2085818 | Not Applicable |
| 22 | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | le | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be |
| Zιρ | Country | Zip | Country | This corporation has liability for int | Added to Fees |
| 24 | 25 | 29 | 30 | | Yes No |
| | 9. Name and Address of Curre | ent Registered Agent | | 10. Name and Address of New Re | |
| | | | 81 Name | | |
| | ON, KEVIN A | | 82 Street Ad: | dress (P.O. Box Number is Not Acceptable) | 1 |
| 39 E 6TI | | | | | : |
| HIALEAH | 1 FL 33010 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | ' | | FI I |
| Or rugiate | red agent, or both, in the State of Fig | ilua. Such Change was aumon | zea ny ine comoration's no: | oration submits this statement for the purporard of directors. I hereby accept the appoin | ose of changing its registered office |
| familiar w | ith, and accept the obligations of, Sec | ction 617.0503, Florida Statute | s. | are of directors. Thereby accept the appoin | itment as registered agent. I am |
| SIGNATURE | Flynchus hand a point of a city of | | | | |
| 12. | Signature, typed or printed name of registered age OFFICERS At | ND DIRECTORS | OTE: Registered Agent signature require 13. | | DATE |
| TITLE | PD | DELETE | 1.1 TIJLE | ADDITIONS/CHANGES TO OFFIC | · |
| NAME | COOPER, JOHNNIE W | | 12 NAME | | Change Addition |
| STREET ADDRESS | 9354 NW 25TH AVE | | 1.3 STREET ADDRESS | | • |
| CITY - ST - ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | | i |
| TITLE | VD | DELETE | 2.1 Tifle | | ☐ Change ☐ Addition |
| NAME | GILLARD, ISAAC | | 2 2 NAME | | |
| STREET ADDRESS | 1870 NW 167TH ST | | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 2 4 CITY - ST - ZIP | | |
| TITLE | SD | DELETE | 3 1 TITLE | | Change Addition |
| NAME | MONTGOMERY, EZELLA NEA | NL | 3.2 NAME | | |
| STREET ADDRESS | 245 NW 49TH ST | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 3.4. CITY-ST-ZIP | | |
| TITLE | TD WATERS IVERSON | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME CIDELL ADODESS | WATERS, IVERSON | | . 4. 2 NAME | | |
| STREET ADDRESS | 1930 NW 153RD ST MIAMI FL | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | MIMMI FL | Document | 4.4 CITY - ST - ZIP | | |
| NAME | | DELETE | 5 1 TITLE | | ☐ Change ☐ Addition |
| STREET ADDRESS | | | 52 NAME | | |
| CITY-ST-ZIP | | | 5 3 STREET ADDRESS | | |
| TITLE | | DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | <u> </u> | 6.2 NAME | | ☐ Guarde ☐ Wodings |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6 4 CITY - ST-ZIP | | |
| 14. I do hereb | y certify that the information supplied | with this filing is voluntarily furn | nished and does not qualify t | or the exemption stated in Section 119.07(| (3)(k), Florida Statutes. I further |
| oath; that | | oration or the receiver or truste | iual report is true and accura le emnowered to execute thi | of the exemption stated in Section 119.07, ite and that my signature shall have the sar s report as required by Chapter 617, Florid | |

SIGNATURE: Per Johnnie W. Cooper, 03-26-96, (305) 691-7476