NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 712889

MIAMI LAKES BAPTIST CHURCH, INC.

Principal Place of Busines
6250 MIAMI LAKES DR E MIAMI LAKES FL 33014
US

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

6250 MIAMI LAKES DR E MIAMI LAKES FL 33014

2a. Mailing Address

Suite, Apt. #, etc.

US

26

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90111 046 ****70.00

Date Incorporated or Qualifed

06/07/1967

4. FEI Number

12		27					59-2334289	j			No	t Applicable	
City & State		City	City & State			E-Cartifoete of S	tatus De	sired X		\$8.75 A			
3 28										Fee Required			
Zip	Country	Zip	Zip Cour		/	6. Election Campaign Fina		ancing		\$5.00			
4	25	29	30		Trust Fund Contribution			<u> </u>		Added t	o Fees		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent							
				81	Name	•		•					
JAMES, DEAN						82 Street Address (P.O. Box Number is Not Acceptable)							
6250 MIAMI LAKES DRIVE EAST													
MIAMI LAKES FL 33014					i				•				
				84	84 City 85 Zip Code								
										FL			
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													
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligation	Florida. S ons of, Sec	uch change was aut tion 617.0503, Floric	nonzed by la Statute	r the con s.	porauori	s board or directors	s. i neren	y accept the	арропп	Horit as re	gistorou	
SIGNATURE	(No Change)							•					
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applic	cable. (NOTE: R	egistered Age	nt signature	required w	hen reinstating)			ATE		22.01.42	
12.	OFFICERS AND	DIRECTO		13.		_	ADDITIONS/CH	IANGES	TO OFFICE				
TITLE	TDCP		☐ DELETE	1.1 TITLE			DCP	-	•		Change	Addition	
NAME	JAMES, DEAN			1.2 NAME			MES, DEAN						
STREET ADORESS	6250 MIAMI LAKES DRIVE EAST			1.3 STREE	TADORESS	1	50 Miami L			East		.	
CITY-ST-ZIP	MIAMI LAKES FL			1.4 CITY-	ST-ZIP		ami Lakes,	FL	33014		<u> </u>		
TITLE	TDVP		□ DELETE	2.1 TITLE		1	DVP				Change	☐ Addition	
NAME	CRUZ, JAVIER			2.2 NAME		1	UZ, JĄVIER						
STREET ADDRESS	6250 MIAMI LAKES DRIVE EAST			2.3 STREE	T ADDRESS		50 Miami L			East			
CITY-ST-ZIP	MIAMI LAKES FL			2.4 CITY	ST-ZIP		ami Lakes,		<u> 33014</u>				
TITLE	TDS		XX DELETE	3.1 TITLE			OWN, HENRY			•	Change	☐ Addition	
NAME	CHANDLER, MARK			3.2 NAME		TRI	_	_		_			
STREET ADDRESS	6250 MAIMI LAKES DRIVE EAST			3.3 STREE	T ADDRESS	٠ - ١	50 Miami L			East			
CITY-ST-ZIP	MIAMI LAKES FL			3.4. CITY-	ST-ZIP		<u>ami Lakes,</u>	FL	<u> 33014</u>			T a dellale	
TITLE	TRD		☐ DELETE	4.1 TITLE		TR					Change	Addition	
NAME	KENDALL, W			4. 2 NAME			NDALL, WIL		.		•		
STREET ADDRESS	+ -			4.3 STREI	T ADDRESS	- 1	50 Miami L			Last			
CITY-ST-ZIP	MIAMI LAKES FL 33014			4.4 CITY-	ST-ZIP		ami Lakes,	FL	33014		Charac	- 5 - 1 4 4 4 1 1 1 1 4 4	
TITLE			☐ DELETE	5.1 TITLE		TR					Change	noitibbA KK	
NAME				5.2 NAME			NSEN, JERR					}	
STREET ADDRESS					TADORESS	1 02.	50 Miami L		· · .	East			
CITY-ST-ZIP				5.4 CITY-1 6.1 TITLE	ST-ZIP	Mi	ami Lakes,	FL	33014		☐ Change	[] Addition	
TITLE			☐ DELETE									☐ ¥aayaa	
NAME				6.2 NAME									
STREET ADDRESS					T ADDRESS	5							
CITY-ST-ZIP				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 suppliemental 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 of 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Trustee/Chairman

125/99

305-823-3888 x 1

Daytime Phone #

E037 (11/98)

Applied For