

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 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 # **712906** (7)

1. Corporation Name

**MT. NEBO BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

% OTIS WASHINGTON  
680 NORTHWEST 33RD AVENUE  
FT. LAUDERDALE FL 33311

% OTIS WASHINGTON  
680 NORTHWEST 33RD AVENUE  
FT. LAUDERDALE FL 33311

3. Date Incorporated or Qualified

**06/08/1967**

4. FEI Number

**59-2252484**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☒

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒

Yes

☐

No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASHINGTON, OTIS  
680 NW 33 AVE  
FT. LAUDERDALE FL

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

*OTIS WASHINGTON*

(NOTE: Registered Agent signature required when reinstating)

**Feb. 3, 1998**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOUYIE, WILLIE L</b>	
STREET ADDRESS	<b>2082 NW 43RD TERR #7</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ROY DENSON</b>	
1.3 STREET ADDRESS	<b>4801 N.W. 39th St.</b>	
1.4 CITY-ST-ZIP	<b>LAUDERDALE LAKES, FL 33319</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>WASHINGTON, OTIS</b>	
STREET ADDRESS	<b>680 NW 33RD AVE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMUEL, MORGAN L</b>	
STREET ADDRESS	<b>4411 NW 34TH STREET</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRIS, CLIFFORD</b>	
STREET ADDRESS	<b>2871 N.W. 9TH COURT</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMUEL, MORGAN</b>	
STREET ADDRESS	<b>3328 N.W. 36TH AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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

**OTIS WASHINGTON**

*OTIS WASHINGTON*

**2-3-98**

**954-681-3667**

CP2E037 (10/97)