


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90076 044 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 712906					
1. Corporation Name MT. NEBO BAPTIST CHURCH, INC.					
Principal Place of Business % OTIS WASHINGTON 680 NORTHWEST 33RD AVENUE FT. LAUDERDALE FL 33311			Mailing Address % OTIS WASHINGTON 680 NORTHWEST 33RD AVENUE FT. LAUDERDALE FL 33311		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/08/1967	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2252484	
24 Country		29 Country		30	
5. Certificate of Status Desired - <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

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			
				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 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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOUYIE, WILLIE L			1.2 NAME	BOBBY THOMPSON		
STREET ADDRESS	2082 NW 43RD TERR #7			1.3 STREET ADDRESS	2560 NW 15TH COURT		
CITY-ST-ZIP	LAUDERHILL FL			1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASHINGTON, OTIS			2.2 NAME			
STREET ADDRESS	680 NW 33RD AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMUEL, MORGAN L			3.2 NAME			
STREET ADDRESS	4411 NW 34TH STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARRIS, CLIFFORD			4.2 NAME	JOHNNY CUMMINGS		
STREET ADDRESS	2871 N.W. 9TH COURT			4.3 STREET ADDRESS	415 NW 30th AVE.		
CITY-ST-ZIP	FT. LAUDERDALE FL			4.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMUEL, MORGAN			5.2 NAME			
STREET ADDRESS	3328 N.W. 36TH AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENSON, ROY			6.2 NAME			
STREET ADDRESS	4801 N.W. 39TH ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319			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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 OTIS WASHINGTON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 24, 1999

954-581-3667
 Daytime Phone #

CR2E037 (11/98)