FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

712995

(0)

DOCUMENT # ST. MARY'S MISSIONARY BAPTIST CHURCH OF NORTH MI AMI BEACH, INC.

						3 0 \$
Principal Place of Business Mailing Address						
1550 NE 152ND TERRACE NORTH MIAMI BEACH FL 33162		1550 NE 152ND TERRACE NORTH MIAMI BEACH FL	33162			
					3. Date Incorporated or Qualified 06/27/1967	3a. Date of Last Report 08/01/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		NOT APPLICABLE Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Coun	itry	This corporation has liability for Florida Statutes	r intangible tax under s. 199.032, Yes X No
24	25	_ []	30		10. Name and Address of New	
	9. Name and Address of Current	Hegistered Agent		81 Name	10. Name and Addison of their	
MINCEY, LONNIE			[1	82 Street A	Address (P.O. Box Number Is Not Accepta	tole)
15151 NE 15TH CT. NORTH MIAMI BEACH FL 33162				83		
NORTH M	MAMI BEAUM FL 33162		[
			-	84 City		FL 85 Zip Code
15 Dureuant t	o the provisions of Sections 617 0502	and 617 1508. Florida Statutes	the abov	L	rporation submits this statement for the p	urgose of changing its registered office
cir ropictori	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	la. Such chance was authorized	by the co	orporation's	board of directors. I hereby accept the ap	pointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent a	and title If applicable. (NOTE	Registered /	Agent signature re	equired when reinstating)	DATE
12.	OFFICERS AND		13.	· · · · ·		FICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 ไปไ	LE		Change Addition
NAME	MITCHELL, W. E. JR.		1.2 NA	ME		
STREET ADDRESS	7.75/4W/64TH: 8T: x		1.3 STf	reet address	611 N.W. 177 Street,	Apt. #108
CITY-ST-ZIP	MIAMI FL 33169		1.4 CIT	TY-ST-ZIP	•	-
TITLE	VP	DELETE	2.1 TIT			☐ Change ☐ Addition
NAME	MINCEY, LONNIE		2.2 NA	ME		
STREET ADDRESS	15151 NE 15TH CT.		2.3 ST	REET ADDRESS		
CITY - ST - ZIP	NORTH MIAMI BEACH FL 331	62	2 4 CI	TY-ST-ZIP		
TITLE	D	DELETE	3.1 TIT			Change Addition
NAME	WILLIAMS, ZELL		3.2 NA	ME		
STREET ADDRESS	15101 NE 15TH CT.		3.3 ST	REET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 331	62	3.4. CI	ITY-ST-ZIP		
TITLE	D	DELETE	4.1 717	TLE		Change Addition
NAME	SMITH, HAZEL		4. 2 N/	AME		
STREET ADDRESS	1449 NE 154TH TERRACE		4.3 ST	REET ADDRESS		
CITY-ST-ZIP	NORTH MIAM! BEACH FL 331	62	4.4 CI	TY-ST-ZIP		
TITLE	D	DELETE	51 TIT	TLE		Change Addition
NAME	CAMPBELL, MARY		5 2 NA	AME		
STREET ADDRESS	1592 NE 151ST TERRACE		5 3 ST	REET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 331		5.4 CI	TY-ST-ZIP		
TITLE		□DELETE	6.1 711	TLE		Change Addition
NAME			6.2 NA	AME		
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY - ST - ZIP			6.4 CI	TY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: 9 Edulard Mitchell 192 Prindent

CR2E037 (12/95)