## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

THE FIRST BAPTIST CHURCH OF GREATER MIAMI

Principal Place	e of Business		Mailing Address	Mailing Address							OTOTA OFOR DEPOTE DE	EII BIBII FARA
GREATER MIAMI 15395 NORTH MIAMI AVENUE MIAMI FL 33169			GREATER MIAMI 15395 NORTH MIAMI AVENUE MIAMI FL 33169-6736									
								3. Date Inc. 07/	orporated or Qualified 02/1970	3a.	Date of Last Re 03/14/199	
2. Principal P	lace of Busine	SS	2a. Mailing Address					4. FEI Number Applied For S9-0704729 Not Applied For				
21	41 - 1 -		26 Suite And 4 etc					רפט	0/04/28		<del></del>	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificat	te of Status Desired		\$8.75 A	
City & State	•		City & State					6. Election	Campaign Financing		\$5.00	<u> </u>
23 *			28					Trust Fund Contribution Added to Fees				
Zip		Country	Zip	H				8. This corporation has liability for intangible tax under s. 199.032,				
24	2	<u> </u>	29	30				Florida Statutes				
•	y, Name a	nd Address of Currer	it Hegistered Agent		81	Name	1	U. Name a	nd Address of New K	egistere	a Agent	
LANA	NEADAE W											
	Beorge W Iorth Miam	AVENUE					Address	Address (P.O. Box Number is Not Acceptable)				
MIAMI FI		ALLIOL										
. 'a-	_ 00.00										. 85 Zip (	Code
4					84	City				F		
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized.</li> </ol>							corpora poration	tion submits s board of d	this statement for the lirectors. I hereby acce	purpose ept the a	of changing it	s registered registered
agent. I a	m familiar with	and accept the oblig-	ations of, Section 617.050	3, Florida Stat	utes	3.			,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE .	Cinnel in Amada	printed name of registered ago	and and title if applicable	(NOTE Rogistere	d 600	al a castura	s and size of the	han reinstation)		DATE		
12.	algradure, types or	OFFICERS AN		13.	u Age	ant bignature	з тефотеф м		IS/CHANGES TO OFF			S IN 12
TITLE	CD		<b>■</b> DELETE	1.3 1	1LE		CD				Change	Addition
NAME	LONG, GI	ORGE W.		1.2 NAM				THA COF				
STREET ADDRESS		n. Miami ave.		1.3 STREET ADD			1		Miami Aven	ıе		
CITY-ST-ZIP	MIAMI, FL	. 00000				T - ZIP	<b>↓</b>	mi, fl.	33169			
TITLE	VCD		☐ DELETE				SD	onm ttek	MITTAL		Change	X Addition
NAME		N, ROBERT		2.2 NAM 2.3 STR				ROBERT KENNEDY % 15395 N. Miami Ave.				
STREET ADDRESS	% 15395 MIAMI FL	n. Miami ave.						mi. Fl.				
CITY-ST-ZIP	SD SD		DELETE			ST - ZIP	FILA	HIL P I I	33109		Change	Addition
NAME	FLEMMIN	G. MARK		3.2 N	AME						•	
STREET ADDRESS		MIAMI AVE		3.3 S	TREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL			3.4.0	∦1Ϋ- \$	ST - ZIP	ļ					
TITLE			DELETE	4.1 TI	1LE						☐ Change	☐ Addition
NAME				4.2 N	IAME							
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NAME Street address						ADDRESS						
CITY-ST-ZIP	[					ADDRESS IT-ZIP						
TITLE	- :		☐ DELETE			. En					Change	☐ Addition
NAME			_	6.2 N							•	
STREET ADDRESS						ADDRESS						
DITY OT TID		٠,		840	ITV C	7.7ID						

11. I do 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.

Robert Toffice N

**FILED** 

Jun 17 1997 8:00am

Secretary of State