FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **720106** **(4)**

1. Corporation Name
SOUTH DADE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
17105 S.W. 296 ST. P.O. BOX 1589 HOMESTEAD FL. 33090-8589	17105 S.W. 296 ST. P.O. BOX 1589 HOMESTEAD FL. 33090-8589

3. Date Incorporated or Qualified: 01/22/1971
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1141825 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

WHEELER, JOSEPH H
1536 NW 8 AVE.
HOMESTEAD FL. FL 33030

10. Name and Address of New Registered Agent

81 Name: DR. DENNIS P. DICKSON
82 Street Address (P.O. Box Number is Not Acceptable): 16901 SW 296 St.
83
84 City: Homestead FL 85 Zip Code: 33030

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: [signature] DR. DENNIS P. DICKSON Pastor, Chairman of Board of Directors 1-17-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	DEACON - CHAIRMAN ☐ Change ☒ Addition
NAME	WHEELER, JOSEPH		1.2 NAME		RON CLARK
STREET ADDRESS	1536 NW 8 AVE.		1.3 STREET ADDRESS		28701 SW 164 AVE.
CITY-ST-ZIP	HOMESTEAD FL.		1.4 CITY-ST-ZIP		HOMESTEAD, FLA. 33030
TITLE	S	☐ DELETE	2.1 TITLE	D	DEACON ☐ Change ☒ Addition
NAME	LOGAN, FRANK M		2.2 NAME		HERB FEARING
STREET ADDRESS	1150 A NORTH LIBERTY AVE.		2.3 STREET ADDRESS		845 NW 12 ST.
CITY-ST-ZIP	HOMESTEAD FL.		2.4 CITY-ST-ZIP		HOMESTEAD, FLA 33030
TITLE	D	☒ DELETE	3.1 TITLE	D	DEACON RICK TRENHOLM ☐ Change ☒ Addition
NAME	INGRAM, BILL		3.2 NAME		
STREET ADDRESS	24901 S.W. 157 AVE.		3.3 STREET ADDRESS		14840 NARANJA LAKES
CITY-ST-ZIP	HOMESTEAD FL 33031		3.4 CITY-ST-ZIP		HOMESTEAD, FLA 33030
TITLE	D	☐ DELETE	4.1 TITLE	PD	PASTOR, CHAIRMAN OF BD OF DR. ☐ Change ☒ Addition
NAME	DONE, DON		4.2 NAME		DR. DENNIS P. DICKSON
STREET ADDRESS	121 NE 18 ST.		4.3 STREET ADDRESS		16901, SW 296 St.
CITY-ST-ZIP	HOMESTEAD FL		4.4 CITY-ST-ZIP		HOMESTEAD, FLA 33030
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		T00001732557
STREET ADDRESS			5.3 STREET ADDRESS		-03/05/96 -01048--026
CITY-ST-ZIP			5.4 CITY-ST-ZIP		***61.25
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: [signature] DR. DENNIS P. DICKSON 1-17-96 (305) 2473516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #