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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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. 33030-2551

3. Date Incorporated or Qualified: 01/22/1971
3a. Date of Last Report: 03/04/1996

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)

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

9. Name and Address of Current Registered Agent

DICKSON, DENNIS P DR
16901 SW 296 ST.
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, RON		1.2 NAME	
STREET ADDRESS	28701 SW 164 AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LOGAN, FRANK M		2.2 NAME	
STREET ADDRESS	1150 A NORTH LIBERTY AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL.		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TRENHOLM, RICK		3.2 NAME	
STREET ADDRESS	14840 NARANJA LAKES		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DONE, DON		4.2 NAME	
STREET ADDRESS	121 NE 18 ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FEARING, HERB		5.2 NAME	
STREET ADDRESS	845 NW 12TH ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030		5.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DICKSON, DENNIS P DR		6.2 NAME	
STREET ADDRESS	16901 SW 296 ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. 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.

SIGNATURE: [signature] REQUIRED 1-9-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0024126