

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720106** (4)

SOUTH DADE BAPTIST CHURCH, INC.

Principal Place of Business 17105 S.W. 296 ST. P.O. BOX 1589 HOMESTEAD FL. 33090-1589	Mailing Address 17105 S.W. 296 ST. P.O. BOX 1589 HOMESTEAD FL. 33090-1589
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 01/22/1971	Applied For 59-1141825	Not Applicable
4. FEI Number 59-1141825		
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent DICKSON, DENNIS P DR 16901 SW 298 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
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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]* DATE **2/4/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CLARK, RON 28701 SW 164 AVE. HOMESTEAD FL 33030 ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DC BOB LOCKHART 30400 SW 193 AVE HOMESTEAD, FL. 33030 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOGAN, FRANK M 1150 A NORTH LIBERTY AVE. HOMESTEAD FL. ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D BARRY ALDAY 29924 SW 169 CT. HOMESTEAD, FL. 33030 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRENHOLM, RICK 14840 NARANJA LAKES HOMESTEAD FL 33030 ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D JOE WHEELER 1538 NW 8 AVE. HOMESTEAD, FL. 33030 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONE, DON 121 NE 18 ST. HOMESTEAD FL ☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D BILLY SIKES 17390 SW 298 ST. HOMESTEAD, FL. 33030 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEARING, HERB 845 NW 12TH ST. HOMESTEAD FL 33030 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D CHARLES MCBRYDE 11771 SW 171TERR MIAMI, FL. 33157 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKSON, DENNIS P DR 16901 SW 298 ST. HOMESTEAD FL 33030 ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D CHARLES POTTER 10211 CARIBBEAN BLVD MIAMI, FL. 33157 ☒ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(f), 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]* DATE **2/4/98** **305-247-3511**

CR2E037 (10/97)