FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90005 037 ****61.25

DOCUMENT # 720106

1. Corporation Name

SOUTH DADE BAPTIST CHURCH, INC.

Principal Place	e of Business	Mailing Address					·		
17105 S.W. 290	6 ST.	17105 S.W. 296 ST.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
P.O. BOX 1589		P.O. BOX 1589							
HOMESTEAD F	FL. 33090-8589	HOMESTEAD FL. 33090	8589			7 1 158 III 10419 11811 65181 11811 8811		Alest eleci elec	7 = 10.11 10.11
								i de la companya di santa di s	
		10.3				Date Incorporated or Qualifed	·	· · · · · ·	
2. Principal Pl	lace of Business	2a. Mailing Address				01/22/1971			
21		26				4. FEI Number Applied For			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				59-1141825	. ,		Applicable
22		27			_	33 114 1023		\$8.75 A	
City & State	e	City & State				5. Certifcate of Status Desired	□.	Fee Red	
23		28						 	·
Zip	Country	Zip				6. Election Campaign Financing \$5.00 May Be			- 1
24	25	29	30			Trust Fund Contribution Added to Fees			
	9. Name and Address of Curren	t Registered Agent		04	N1	10. Name and Address of New F	cegistered A	Baur	
				81	Name				
DICKSON, DENNIS P DR				82	Street Addre	ss (P.O. Box Number is Not Accepta	able)		
16901 SW									
	AD FL 33030			83					
HOMEOTE	AD 1 E 00000							85 Zip C	ode
				84	City	•	· FL	65 Zip C	
11 Oursuppt	to the provisions of Sections 617.050	2 and 617 1508 Florida Sta	tutes the a	sbove-r	named.corpo	ration submits this statement for the	purpose of c	hanging its	rogistered
office or r	registered agent, or both, in the State (of Florida. Such change was	s authorized	d by in	e corporation	n's board of directors. I hereby accer	ot the appoin	tment as reg	jistered
agent. I a	im familiar with, and accept the obligation	tions of, Section 617.0503, I	Florida Stat	tutes.			•	•]
SIGNATURE		A - J May 1	VIE: Posieteres	d Agent s	ionature required	when reinstating)	DATE		 [
49	Signature, typed or printed name of registered agen	D DIRECTORS	13.		griature required	ADDITIONS/CHANGES TO OF	FICERS ANI	DIRECTO	RS IN 12
12.	DC	DELETE	1,1 TI		<u>d</u>			Change	K Addition
TITLE	1	Access		IAME		SH, NATHAN			1
NAME	LOCKHART, BOB		1			880 SW 296 STREET		•	
STREET ADDRESS	30400 SW 193 AVE			TREET A	I .	·	22		•
CITY-ST-ZIP	HOMESTEAD FL 33030			ITY-ST-Z	ZIP <u>나</u> 比	ISURE CITY, FL. 330	33	Change	Addition
TITLE	D	DELETE	2.1 TI				1	□ cuanão	
NAME	ALDAY, HARRY		2.2 N	AME		:			ļ
STREET ADDRESS	29924 SW 169 CT		2.3 \$	TREET A	DDRESS				,
CITY-ST-ZIP	HOMESTEAD FL. 33030		2.40	CITY-ST-	ZIP			·	
TITLE	D	☐ DELETÉ	3.1 T	TILE				. 🔯 Change	Addition
NAME	WHEELER, JOE		3.2 N	IAME					.
STREET ADDRESS	1000 ANAL O ALC								
	1 · · · · · · · · · · · · · · · · · · ·		3.3 S	TREETA	DORESS				ļ
	HOMESTEAD FL 33030		1		1	•			
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TITLE	D	DELETE	3.4. (4.1 T	CITY-ST-	1	·		Change	Addition
TITLE NAME	D SIKES, BILLY	▼ DELETE	3.4. 0 4.1 T 4. 2 f	CITY-ST- TILE NAME	ZIP	·	• .	Change	Addition
TITLE NAME STREET ADDRESS	D SIKES, BILLY 17390 SW 298 ST	▼ DELETE	3.4. C 4.1 T 4. 2 t 4.3 S	CITY-ST- TILE NAME STREET A	ZIP	·		Change	Addition
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14. I 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 line corporation or the declays 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 shanged, of on all adjustment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

<2E037 (11/98)