2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2004 8:00 am **Secretary of State DOCUMENT # 724323** 1. Entity Name 03-22-2004 90298 041 ****70.00 ALLAPATTAH BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 3300 NW 17TH AVE PO BOX 420159 MIAMI FL 33242 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-0714810 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PANKLEY, RICHARD A. 3300 NW 17TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PTD TITLE ☐ Delete TITLE ☐ Change ■ Addition PANKEY, RICHARD A NAME NAME 3300 NW 17TH AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP CITY-ST-ZIP VSD ☐ Delete Change ☐ Addition MIRANDA, WILFREDO 3300 NW 17TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition APRILETTI, JOHN NAME NAME 3300 NW 17TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

IGNATURE: ACHARD A. PANKEY 3-15-04 305-775-1355
SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

Date

Dayling Phone #

changed, or on an attachment with an address, with all other like empowered.

12. 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 report or supplemental 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 10 or Block 11 if