FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -8 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735349 (3)

1. Corporation Name

THE NEW WAY FELLOWSHIP BAPTIST CHURCH, OF OPA LO CKA, INC.

Principal Place of Business	Mailing Address
16800 N.W. 22ND AVENUE MIAMI FL 33056	16800 N.W. 22ND AVENUE MIAMI FL 33056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1976
3a. Date of Last Report: 08/02/1994
4. FEI Number: 51-0202068 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BASKIN, BILLY
1704 N.W. 192ND ST.
MIAMI FL 33169

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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	☐ Change ☒ Addition
NAME	BLAND, LEON	1.2 NAME	HELEN MOTEN
STREET ADDRESS	18840 NW 14 AVE RD	1.3 STREET ADDRESS	16310 N.W. 22 COURT
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33054
TITLE	PD	2.1 TITLE	☐ Change ☒ Addition
NAME	BASKIN, BILLY	2.2 NAME	DAVID POLLARD
STREET ADDRESS	1704 NW 192ND STREET	2.3 STREET ADDRESS	20016 N.W. 64 COURT RD.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33015
TITLE	D	3.1 TITLE	☐ Change ☒ Addition
NAME	MCCOY, WILLIE J.	3.2 NAME	DARRYL PERRY
STREET ADDRESS	15940 NW 18TH CT.	3.3 STREET ADDRESS	625 N.W.210 ST. APT 202
CITY-ST-ZIP	OPA LOCKA FL	3.4 CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	OLIVER, HENRY	4.2 NAME	
STREET ADDRESS	19530 N.W. 1ST CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	JONES, KNOVACK	5.2 NAME	
STREET ADDRESS	2125 NW 179 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, J C	6.2 NAME	
STREET ADDRESS	15241 DURNFORD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	6.4 CITY-ST-ZIP	

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)(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: _____ 3/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0006038