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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 03/22/1976

4. FEI Number: 51-0202068 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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	10. Name and Address of New Registered Agent
BASKIN, BISHOP BILLY 14531 ARDOCH PLACE HIALEAH FL 33016	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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BLAND, LEON		1.2 NAME	LARRY DILLARD	
STREET ADDRESS	18840 NW 14 AVE RD		1.3 STREET ADDRESS	290 N.W. 183rd St.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami FL 33169	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BASKIN, BILLY		2.2 NAME		
STREET ADDRESS	14531 ARDOCH PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCOY, WILLIE J.		3.2 NAME		
STREET ADDRESS	15940 NW 18TH CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~JONES, KNOVACK~~		5.2 NAME		
STREET ADDRESS	~~19340 W ST. ANDREW DRIVE~~		5.3 STREET ADDRESS		
CITY-ST-ZIP	~~HIALEAH FL~~		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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		

CR2E037 (10/97)

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 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] 4-30-98 305-685-7246