

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **737559** (5)  
1. Corporation Name  
**VILLAGE GREEN MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business Mailing Address  
**4707 S.W. 127TH AVENUE** **4707 S.W. 127TH AVENUE**  
**MIAMI FL 33175** **MIAMI FL 33175**

3. Date Incorporated or Qualified **12/15/1976** 3a. Date of Last Report **04/20/1995**

|                                |                        |                                                                                                                                                             |                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    | 4. FEI Number                                                                                                                                               | Applied For                           |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | <b>05-0138508</b>                                                                                                                                           | Not Applicable                        |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | <b>\$8.75 Additional Fee Required</b> |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             | <b>\$5.00 May Be Added to Fees</b>    |
| 24 Country                     | 29 Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

**GAGE, JIM**  
**4707 SW 127 AVENUE**  
**MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name **Tom Hover**  
82 Street Address (P.O. Box Number is Not Acceptable) **4907 S.W. 127 AVENUE**  
83  
84 City **Miami** FL 85 Zip Code **33175**

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 *Tom Hover* **Tom Hover** **JUNE 6, 1996**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                           |                                            |
|----------------|---------------------------|--------------------------------------------|
| TITLE          | PD                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>GAGE, JIM</b>          |                                            |
| STREET ADDRESS | <b>4707 S W 127TH AVE</b> |                                            |
| CITY-ST-ZIP    | <b>MIAMI FL</b>           |                                            |
| TITLE          | STD                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>LEHNHARD, GARY</b>     |                                            |
| STREET ADDRESS | <b>4707 S W 127TH AVE</b> |                                            |
| CITY-ST-ZIP    | <b>MIAMI FL</b>           |                                            |
| TITLE          | VD                        | <input type="checkbox"/> DELETE            |
| NAME           | <b>GREENING, PAUL</b>     |                                            |
| STREET ADDRESS | <b>4707 S W 127TH AVE</b> |                                            |
| CITY-ST-ZIP    | <b>MIAMI FL</b>           |                                            |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |                                            |
| STREET ADDRESS |                           |                                            |
| CITY-ST-ZIP    |                           |                                            |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |                                            |
| STREET ADDRESS |                           |                                            |
| CITY-ST-ZIP    |                           |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                             |                                                                              |
|--------------------|-----------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <b>Pastor</b>               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>Tom Hover</b>            |                                                                              |
| 1.3 STREET ADDRESS | <b>4907 S.W. 127th AVE.</b> |                                                                              |
| 1.4 CITY-ST-ZIP    | <b>Miami FL</b>             |                                                                              |
| 2.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                             |                                                                              |
| 2.3 STREET ADDRESS |                             |                                                                              |
| 2.4 CITY-ST-ZIP    |                             |                                                                              |
| 3.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                             |                                                                              |
| 3.3 STREET ADDRESS |                             |                                                                              |
| 3.4 CITY-ST-ZIP    |                             |                                                                              |
| 4.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                             |                                                                              |
| 4.3 STREET ADDRESS |                             |                                                                              |
| 4.4 CITY-ST-ZIP    |                             |                                                                              |
| 5.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                             |                                                                              |
| 5.3 STREET ADDRESS |                             |                                                                              |
| 5.4 CITY-ST-ZIP    |                             |                                                                              |
| 6.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                             |                                                                              |
| 6.3 STREET ADDRESS |                             |                                                                              |
| 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)(k), 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: *Tom Hover*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JUNE 6, 1996** **552-7737**  
Date Daytime Phone #