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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:47

DOCUMENT # 739167 (5)

1. Corporation Name
SHENANDOAH BAPTIST CHURCH OF MIAMI, INC.

Principal Place of Business	Mailing Address
2225 S W 17 AVENUE MIAMI FL 33145	2225 S W 17 AVENUE MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1977
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-0751931 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

RICHARDSON, ESTELLA C.
1225 SW 20 ST.
MIAMI FL 33145

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	DC	1.1 TITLE	DC	☑ Change ☐ Addition
NAME	HARMON, JEROLD L	1.2 NAME	WALKER, AUBREY B.	
STREET ADDRESS	7865 SW 28TH ST	1.3 STREET ADDRESS	271 E 35TH ST	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE	D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	ROBERTS, JACK	2.2 NAME	ROBERTS, JACK	
STREET ADDRESS	269 SW 19TH RD	2.3 STREET ADDRESS	269 SW 19TH RD	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	D	3.1 TITLE	D	☐ Change ☑ Addition
NAME	WALKER, AUBREY B	3.2 NAME	CARDWELL, T.A.	
STREET ADDRESS	271 E 35 ST	3.3 STREET ADDRESS	2296 SW 22ND TERR	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Aubrey B. Walker Aubrey B. Walker 2/2/95 856-1647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042838