

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 24 PM 12: 33

DOCUMENT # **741524** (3)

1. Corporation Name  
**MISSIONARY EVANGELIST CENTER, INC.**

Principal Place of Business Mailing Address  
**1706 N.W. 85 STREET MIAMI FL 33147** **1706 N.W. 85 STREET MIAMI FL 33147**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/03/1978** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0028303** 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. 109.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**JACKSON, BRENDA  
1046 NW 06TH ST  
APARTMENT 214  
MIAMI FL 33147**

10. Name and Address of New Registered Agent  
81. Name **Same**  
82. Street Address (P.O. Box Number is Not Acceptable) **14701 NE 8th Avenue**  
83. City **North Miami, FL** 85. Zip Code **33161**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Brenda Jackson (Finance Administrator)* DATE **MAY 18, 1995**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KEMP, JOHNNY L
STREET ADDRESS	3950 N.W. 177TH STREET
CITY - ST - ZIP	CAROL CITY FL
TITLE	VD
NAME	KEMP, PATTY L
STREET ADDRESS	3950 NW 177TH ST
CITY - ST - ZIP	CAROL CITY FL
TITLE	CD
NAME	LEWIN, NICKEY
STREET ADDRESS	3011 LUCERNE WAY
CITY - ST - ZIP	MIRAMAR FL
TITLE	SD
NAME	MORTIMER, CHRISTINE
STREET ADDRESS	4230 NW 173 DR
CITY - ST - ZIP	CAROL CITY FL
TITLE	TD
NAME	JACKSON, BRENDA
STREET ADDRESS	1046 NW 06TH ST #214
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 110.07(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: *Brenda Jackson* Date **5/18/95** **305 698-1534**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Brenda Jackson**