

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Montross  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

SEP 11 1995

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **746878** (8)  
1. Corporation Name  
**MOUNT VERNON MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address  
**6225 NW 22ND AVE. MIAMI FL 33147**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/24/1979</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1914695</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> <b>\$68.75 Supplemental Fee Not Required</b>	
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. #, etc. 22	State, 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  
**WILLIAMS, LILLAR M.  
2115 NW 90TH ST.  
MIAMI FL 33147**

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 agent 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

Signature must be certified when filed by a registered agent or other authorized person. Registered Agent signature required after reinstatement. DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>MILLER, WILFRED A., JR.</b>
STREET ADDRESS	<b>9115 LITTLE RIVER DR.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>T</b>
NAME	<b>WILLIAMS, WALTER J.</b>
STREET ADDRESS	<b>1062 NW 107TH ST.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b>
NAME	<b>MOMPLAISIR, STEPHANIE B</b>
STREET ADDRESS	<b>20180 NW 14TH CT</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>WILLIAMS, WALTER J.</b>
STREET ADDRESS	<b>1062 NW 107TH ST.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>CARTER, MARY E.</b>
STREET ADDRESS	<b>18300 NW 21ST AVE</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 199.07(4)(b), 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: *Walter J. Williams*  
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR  
**Walter J. Williams (T/D)**

4-23-95 305-949-1381  
DATE TIME