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Mar 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **753267** (4)

1. Corporation Name

**FELLOWSHIP MISSIONARY BAPTIST CHURCH INCORPORATE
D**



Principal Place of Business Mailing Address
**2601 NW 65TH ST.
MIAMI FL 33147
US**

3. Date Incorporated or Qualified **07/08/1980** 3a. Date of Last Report **02/09/1996**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number **59-7532674** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State City & State
23 **28**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **25** **29** **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEE, SHIRLEY
3540 N.W. 81 TERR.
MIAMI FL 33147**

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE **TD** ☐ DELETE
NAME **JONES, WILLIE**
STREET ADDRESS **21010 NW 30TH AVE**
CITY-ST-ZIP **OPA LOCKA FL**
TITLE **PD** ☐ DELETE
NAME **REESE, BOBBY LEE**
STREET ADDRESS **900 ORIENTAL BLVD**
CITY-ST-ZIP **OPA-LOCKA FL**
TITLE **VD** ☐ DELETE
NAME **BROWN, CHARLIE**
STREET ADDRESS **12530 NW 11TH AVE**
CITY-ST-ZIP **MIAMI FL**
TITLE **SD** ☐ DELETE
NAME **LEE, SHIRLEY**
STREET ADDRESS **3540 N.W. 81ST TERRACE**
CITY-ST-ZIP **MIAMI FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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 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 *Shirley Lee* *Shirley Lee* *2 24 97* *305* *025 9121*

CR2E037 (9/96)