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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **755405** **(8)**

1. Corporate Name

BROWN'S CHAPEL MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM ROBINSON 254 N.W. 51 STREET MIAMI FL 33127	254 NW 51 STREET MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1980	3a. Date of Last Report: 06/09/1994
4. FEI Number: 59-1172941	☐ 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 § 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21 1323 NW 54th St	26 254 NW 51 ST Mia Fl
22 Suite, Apt. #, etc: Church	27 Suite, Apt. #, etc: Home
23 City & State: Miami Fl. Dade	28 City & State: Miami Florida
24 Zip: 33142 25 County: Dade	29 Zip: 33127 30 Country: Dade

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAM ROBINSON, 254 N.W. 51 STREET MIAMI FL 33127	81 Name: William Robinson 82 Street Address (P.O. Box Number is Not Acceptable): 254 NW. 51 street 83 84 City: Miami FL 85 Zip Code: 33127

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAM ROBINSON,	12 NAME	
STREET ADDRESS	254 NW 51 ST.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33015	14 CITY ST ZIP	Same
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	THOMAS, VIRGINIA,	22 NAME	
STREET ADDRESS	254 NW 51 STREET	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33127	24 CITY ST ZIP	Same
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	BRIDGES, WILLIE	32 NAME	
STREET ADDRESS	2421 NW 55 TERRACE	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	Same
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	BRIDGES, WILLIE	42 NAME	
STREET ADDRESS	2421 NW 55 TER.	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 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: William Robinson — William Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Typed or Printed Name

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