


FILE NOW: FILING FEE IS \$61.25

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Apr 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755405** (8)  
1. Corporation Name  
**BROWN'S CHAPEL MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business <b>1323 NW 54 STREET 254 N.W. 51 STREET MIAMI FL 33142 US</b>	Mailing Address <b>254 NW 51 STREET MIAMI FL 33127-2159 US</b>
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3. Date Incorporated or Qualified <b>12/05/1980</b>	3a. Date of Last Report <b>04/09/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>Same as</b> City & State <b>23</b> <b>MIAMI Dade</b> Zip Country <b>24</b> <b>33127</b> <b>25</b> <b>Dade</b>	2a. Mailing Address <b>26</b> <b>254 NW 51 Street</b> Suite, Apt. #, etc. <b>27</b> <b>1 Single Dwelling</b> City & State <b>28</b> <b>MIAMI Dade</b> Zip Country <b>29</b> <b>33127</b> <b>30</b> <b>Dade</b>
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4. FEI Number <b>59-1172941</b>	Applied For <input type="checkbox"/> 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>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROBINSON, WILLIAM  
254 NW 51 STREET  
MIAMI FL 33127**

10. Name and Address of New Registered Agent

81 Name <b>William Robinson</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>254 N.W. 51 Street</b>
83 City <b>MIAMI</b>
84 Zip Code <b>33127</b>
85 State <b>FL</b>

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 *William Robinson* (NOTE: Registered Agent signature required when reinstating) DATE *William Robinson*

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>WILLIAM ROBINSON,</b>	STREET ADDRESS <b>254 NW 51 ST.</b>	CITY-ST-ZIP <b>MIAMI FL 33015</b>	<input type="checkbox"/> DELETE
TITLE <b>VD</b>	NAME <b>THOMAS, VIRGINIA,</b>	STREET ADDRESS <b>254 NW 51 STREET</b>	CITY-ST-ZIP <b>MIAMI FL 33127</b>	<input type="checkbox"/> DELETE
TITLE <b>SD</b>	NAME <b>BRIDGES, WILLIE</b>	STREET ADDRESS <b>2421 NW 55 TERRACE</b>	CITY-ST-ZIP <b>MIAMI FL</b>	<input type="checkbox"/> DELETE
TITLE <b>SD</b>	NAME <b>BRIDGES, WILLIE</b>	STREET ADDRESS <b>2421 NW 55 TER.</b>	CITY-ST-ZIP <b>MIAMI FL</b>	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

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 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.

CR2E037 (9/96)