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Feb 10 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 # 759264 (5)

1. Corporation Name

ST. PAUL MISSIONARY BAPTIST CHURCH OF HOMESTEAD, INC.

Principal Place of Business	Mailing Address
344 SW 4THA VE HOMESTEAD FL 33030	344 SW 4THA VE HOMESTEAD FL 33030-7034

3. Date Incorporated or Qualified: 07/22/1981
3a. Date of Last Report: 06/28/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0197938 ☐ 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

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

9. Name and Address of Current Registered Agent

SCOTT, LEE
1129 NW 5TH AVENUE
FLORIDA CITY FL 33034

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TOMLINSON, DONZO		1.2 NAME		
STREET ADDRESS	1453 NW 1ST CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY FL 33034		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEYMORE, CEZEL		2.2 NAME		
STREET ADDRESS	241 SW 4TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, REV. HENRY L.		3.2 NAME		
STREET ADDRESS	26011 S.W. 130TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PRINCETON FL 33033		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, FANNIE		4.2 NAME		
STREET ADDRESS	1511 NW 7TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, LEE		5.2 NAME		
STREET ADDRESS	1129 NW 5TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY FL		5.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, AARON.		6.2 NAME		
STREET ADDRESS	1520 NW 19TH ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Donzo L. Tomlinson DONZO TOMLINSON 2-2-97 305-245-7000 x226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0024082