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Jan 24 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 # 763398 (5)
1. Corporation Name
FREEDOM BAPTIST CHURCH OF DADE COUNTY, INC.



Principal Place of Business Mailing Address
12515 S.W. 72 STREET 12515 S.W. 72 STREET
MIAMI FL 33183 MIAMI FL 33183-2515

3. Date Incorporated or Qualified 05/24/1982 3a. Date of Last Report 01/31/1996
4. FEI Number 59-2218784 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

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

9. Name and Address of Current Registered Agent

FOWLER, LINTON T
9265 SW 44TH STREET
MIAMI FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FOWLER, LINTON T.	
STREET ADDRESS	9265 SW 44TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	DARLINGTON, BEN N., JR	
STREET ADDRESS	10791 S.W. 47TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	CSD	☐ DELETE
NAME	MILLS, GRADY (CLERK)	
STREET ADDRESS	11231 S.W. 164 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	FD	☐ DELETE
NAME	FOWLER, TIMOTHY S.	
STREET ADDRESS	9265 S.W. 44TH STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	TD	☐ DELETE
NAME	FOWLER, LINTON T JR	
STREET ADDRESS	14415 SW 159TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
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:

Linton Fowler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97 (305) 596-3787
Date Daytime Phone # 0033601

CR2E037 (9/96)