2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90083 003 ****75.00

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1. Entity Name
FREEDOM BAPTIST CHURCH OF DADE COUNTY, INC.

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

01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2218784
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOWLER, LINTON T
9265 SW 44TH STREET
MIAMI, FL

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOWLER, LINTON T.
STREET ADDRESS	9265 SW 44TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	DARLINGTON, BEN N., JR
STREET ADDRESS	10791 S.W. 47TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	FD
NAME	FOWLER, TIMOTHY S.
STREET ADDRESS	9265 S.W. 44TH STREET
CITY-ST-ZIP	MIAMI, FL 00000,
TITLE	TD
NAME	FOWLER, LINTON T JR
STREET ADDRESS	14415 SW 159TH TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linton Fowler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #