SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N07915

(4)

FILED Aug 06 1997 8:00am Secretary of State

CANAAN MISSIONARY BAPTIST CHURCH AND RELIGIOUS C ENTER, INC.) 1481118181181181			
Principal Place of Business Mailing Address							IL GEBUL BIDII EKBAL BIBIL B	
7610 BISCAYNE BLVD. 5301 N.E. 5TH AVE. MIAMI FL 33138 MIAMI. FL 33137						SO NOT WORTE	NI TI 110 00 405	
					3. Date Incorporate		3a. Date of Last	
						03/01/1985 06/06/1996		
2. Principal Place of Business 2a. Mailing Address 21 1010 1315(Mayer) (5. BLVI). 26 5301 NE			5 AVE		4. FEI Number 65-00828	4. FEI Number Applied For Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Sta	Certificate of Status Desired Sa.75 Additional Fee Regulred		
City & Stat	11	City & State			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing \$5.00 May Be		
23 / /) I F-1	Ami Country 28 MIAMI		Country			Trust Fund Contribution		
24 33/3	33/37 25 DANE 29 33/3		30 DADE		· · · · · · · · · · · · · · · · · · ·	Personal Property Tax due June 30. Yes No		
g. Name and Address of Current Registered Agent					10. Name and Add	ress of New Reg	Istered Agent	
			8	1 Name				
JOHNSON, BESS L. 5301 N.E. FIFTH AVE., MIAMI FL 33137				2 Street A	Address (P.O. Box Number	is Not Acceptable	е)	
				3				
			a	4 City			FL 85 Zip	Code
11. Pursuant office or r	to the provisions of Sections 617.05 registered agent, or both, in the Statum familiar with, and accept the oblig	02 and 617,1508, Florida Statul of Florida, Such change was	tes, the abo	ove-named by the corp	corporation submits this sta oration's board of directors	tement for the pu i hereby accept		its registered registered
SIGNATURE	in ianilia with and accept the obig	jations of, Section 617.0003, Fi	onda Statut	.ps.				
Ĺ	Signature, typed or printed name of registered ag			gent signature i	required when reinstating)		DATE	
12.	OFFICERS AN	ID DIRECTORS DELETE	13.		ADDITIONS/CHAI	NGES TO OFFICE	ERS AND DIRECTO Change	RS IN 12
NAME	JOHNSON, THEDFORD		1.1 TITLS 1.2 NAM				C. Ollargo	L Vogilion
STREET ADDRESS	5301 N.E. FIFTH AVE.		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP					{}
TITLE	SD	DELETE	2.1 TITLE				Change	Addition
NAME	JOHNSON, BESS L.		22 NAME					1
STREET ADDRESS	5301 N.E. FIFTH AVE.		2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		2, 4 City-ST-ZIP					İ
TITLE	TD DELETE		3.1 TITLE	:			☐ Change	Addition
NAME	GROSS, ERNEST, JR.		3.2 NAM	E				
STREET ADDRESS	5535 NW 12 COURT		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MIAMI FL			-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				L_ Change	Addition
NAME			4. 2 NAN					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DĒLETE	4.4 CITY				Change	Addition
TITLE NAME		_ DECEME	5.1 TITLE				LJ Vilaliye	- Vanidan
			5.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY 6.1 TITLE				Change	Addition
NAME								
STREET ADDRESS			6.2 NAM 6.3 STRE	ET ADDRESS		•		
CITY-ST-ZIP			6.4 CITY	i				
	ou certify that the information supplies	d with this filing does not quali			ated in Section 119 07/3Vi)	Florida Statutos	Lighter certify the	t the

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 armulal 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 ampowered 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 as altachment with an address.