

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am⁸
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07915 (4)

1. Corporation Name
CANAAN MISSIONARY BAPTIST CHURCH AND RELIGIOUS CENTER, INC.



Principal Place of Business 3005 NW 99TH STREET MIAMI FL 33147 US	Mailing Address 3005 NW 99TH STREET MIAMI FL 33147 US
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3. Date Incorporated or Qualified 03/01/1985	
4. FEI Number 65-0082837	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

MCINTYRE, VINCENT
553 N.E. 75TH STREET
MIAMI FL 33138

10. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 VINCENT MCINTYRE (Signature, typed or printed name of registered agent and title if applicable.)
 _____ (NOTE: Registered Agent signature required when reinstating.)
 DATE 7/9/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD BURNS, EDDIE JR 3005 N.W. 99TH ST. MIAMI FL 33147 <input type="checkbox"/> DELETE	1.1 TIT 1.2 NA 1.3 STET ADDRESS 1.4 CIT-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ELAM, HALLIE 285 N.E. 151 STREET MIAMI FL 33162 <input type="checkbox"/> DELETE	2.1 TIT 2.2 NA 2.3 STET ADDRESS 2.4 CIT-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYERS, DAISY 105 NW 50TH STREET MIAMI FL 33127 <input type="checkbox"/> DELETE	3.1 TIT 3.2 NE 3.3 STET ADDRESS 3.4 CIT-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TIT 4.2 NE 4.3 STET ADDRESS 4.4 CIT-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TIT 5.2 NA 5.3 STET ADDRESS 5.4 CIT-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TIT 6.2 NA 6.3 STET ADDRESS 6.4 CIT-ST-ZIP

14. 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 annual report or supplemental annual report is true and accurate and 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 its 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: Eddie Burns
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 7-2-98-305-691-0669

CR2E037 (5/98)