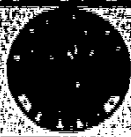


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF REVENUE
Barbara E. Morrison
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 24 PM 12:35

DOCUMENT # N09905 (3)

1. Corporation Name

MODELLO BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

15300 SW 288 ST
15300 S.W. 288TH ST.
HOMESTEAD FL 33033
US

15300 SW 288 ST
15300 S.W. 288TH ST.
HOMESTEAD FL 33033
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1985

3a. Date of Last Report

06/14/1994

4. FEI Number

59-1360653

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BRIDGES, DONAL E. --~~
~~15475 S.W. 240TH STREET~~
~~HOMESTEAD FL 33032~~

81 Name

~~Cheryl Roberts~~ Roberts, Cheryl L.

82 Street Address (P.O. Box Number is Not Acceptable)

9941 S.W. 198 Street

83

84 City

Miami

FL

85 Zip Code
33157

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Cheryl L. Roberts

Church Clerk

5/17/95

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVP
NAME	GONKLIN, LAWRENCE
STREET ADDRESS	41331 SW 60TH TERRACE
CITY - ST - ZIP	MIAMI FL -
TITLE	DT
NAME	KERSEY, EMORY E.
STREET ADDRESS	20340 ILLINOIS ROAD
CITY - ST - ZIP	HOMESTEAD FL
TITLE	DP
NAME	ROBERTS, TOM
STREET ADDRESS	9941 SW 198TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	DS
NAME	BRIDGES, RAY
STREET ADDRESS	1560 NE 13TH STREET
CITY - ST - ZIP	HOMESTEAD FL
TITLE	BT
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☒ Addition
52 NAME	DT
53 STREET ADDRESS	Coleman, John R. Jr.
54 CITY - ST - ZIP	1720 N.W. 11TH Avenue Homestead, FL 33033
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Thomas M. Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-95

(305)

247-6654

Usin

Daytime Phone #