CORPORATION ANNUAL REPORT 1995

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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: x Cheryl L. Roberts Church Clerk 5/17/95
(Signature, typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DVP~~	11 TITLE	☐ Change ☐ Addition
NAME	~~CONKLIN, LAWRENCE~~	12 NAME	
STREET ADDRESS	~~11331 SW 69TH TERRACE~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	
TITLE	~~DT~~	21 TITLE	☐ Change ☐ Addition
NAME	~~KERSEY, EMORY E.~~	22 NAME	
STREET ADDRESS	~~20340 ILLINOIS ROAD~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~HOMESTEAD FL~~	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, TOM	32 NAME	
STREET ADDRESS	9941 SW 198TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	BRIDGES, RAY	42 NAME	
STREET ADDRESS	1560 NE 13TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	DT ☐ Change ☒ Addition
NAME		52 NAME	Coleman, John R. Jr.
STREET ADDRESS		53 STREET ADDRESS	1720 N.W. 11TH Avenue
CITY-ST-ZIP		54 CITY-ST-ZIP	Homestead, FL 33033
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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: Thomas M. Roberts 5-10-95 (305) 247-6654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036827