

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16633** (2)

1. Corporation Name

CHRISTIAN TABERNACLE MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

**739 SW 12TH AVENUE
HOMESTEAD FL 33030**

**739 SW 12TH AVENUE
HOMESTEAD FL 33030**

3. Date Incorporated or Qualified

09/04/1986

3a. Date of Last Report

10/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THRASH, CODIE
1272 N.W. 9TH AVE.
FLORIDA CITY FL 33034**

81 Name

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

83

84 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

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	P	<input type="checkbox"/> DELETE
NAME	STEVENS, JOSEPH REV	
STREET ADDRESS	14701 SW 104TH COURT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLMES, CHERYL	
STREET ADDRESS	12229 SW 203RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THRASH, CODIE	
STREET ADDRESS	1272 NW 9TH AVENUE	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANGHAM, CURTIS D	
STREET ADDRESS	11454 SW 226TH STREET	
CITY-ST-ZIP	GOULDS FL 33070	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, JAMES JR	
STREET ADDRESS	10140 SW 176TH STREET	
CITY-ST-ZIP	PERINE FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGRAW, EARNESTIEN	
STREET ADDRESS	640 SW 6TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: **JOSEPH STEVENS** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 19, 1996 270-8699

Date

Daytime Phone #

CR2E037 (12/95)