

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: \$236.25).

FILED

Sep 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/04/1986**

3a. Date of Last Report  
**01/26/1996**

4. FEI Number  
**58-0072406**

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**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **739 SW 12th Ave**

2a. Mailing Address

26 **739 SW 12th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Homestead FL**

City & State

28 **Homestead, FL**

Zip

24 **33030**

Country

25 **Dade**

Zip

29 **33030**

Country

30 **Dade**

9. Name and Address of Current Registered Agent

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

*delete*

10. Name and Address of New Registered Agent

81 Name

**Cathy Berry**

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

**713 NW Davis Parkway**

83

**Florida City, FL**

**33034**

84 City

**Florida City**

**FL**

85 Zip Code

**33034**

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

*Cathy E Berry*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8-1-97**

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **STEVENS, JOSEPH REV**  
STREET ADDRESS **14701 SW 104TH COURT**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **S** ☒ DELETE

NAME **HOLMES, CHERYL**  
STREET ADDRESS **12229 SW 203RD TERRACE**  
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **D** ☒ DELETE

NAME **THRASH, CODIE**  
STREET ADDRESS **1272 NW 9TH AVENUE**  
CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE **D** ☐ DELETE

NAME **MANGHAM, CURTIS D**  
STREET ADDRESS **11454 SW 228TH STREET**  
CITY-ST-ZIP **GOULDS FL 33070**

TITLE **D** ☒ DELETE

NAME **LEWIS, JAMES JR**  
STREET ADDRESS **10140 SW 176TH STREET**  
CITY-ST-ZIP **PERINE FL 33157**

TITLE **D** ☒ DELETE

NAME **MCGRAW, EARNESTIEN**  
STREET ADDRESS **640 SW 8TH STREET**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Pastor** ☐ Change ☐ Addition

1.2 NAME **Larry Isaac Scott**  
1.3 STREET ADDRESS **1401 Village Road Apt. B22**  
1.4 CITY-ST-ZIP **West Palm Beach 33409**

2.1 TITLE **Finance Secretary** ☐ Change ☐ Addition

2.2 NAME **Mary McNeil**  
2.3 STREET ADDRESS **29602 SW 158 Ct.**  
2.4 CITY-ST-ZIP **Leisure City FL 33036**

3.1 TITLE **Chairman of Board** ☐ Change ☐ Addition

3.2 NAME **John Wilkins**  
3.3 STREET ADDRESS **10745 SW 224 St**  
3.4 CITY-ST-ZIP **Goulds Florida 33170**

4.1 TITLE **Deacon** ☐ Change ☐ Addition

4.2 NAME **Mangham, Curtis D**  
4.3 STREET ADDRESS **11454 SW 228th Street**  
4.4 CITY-ST-ZIP **Goulds FL 33070**

5.1 TITLE **AL McGilli Trustee** ☐ Change ☐ Addition

5.2 NAME **975 Redland Rd.**  
5.3 STREET ADDRESS **Florida City, FL 33030**  
5.4 CITY-ST-ZIP **33030**

6.1 TITLE **Mattie Bynum Trustee** ☐ Change ☐ Addition

6.2 NAME **15600 SW 295 Terr.**  
6.3 STREET ADDRESS **Leisure City, FL 33030**  
6.4 CITY-ST-ZIP **33030**

14. 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 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

*Cathy E Berry* church clerk

**8-1-97** (305) 811-2779

CR2E037 (4/97)