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Feb 08, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16633

1. Corporation Name

CHRISTIAN TABERNACLE MISSIONARY BAPTIST CHURCH,
INC.

Principal Place of Business

739 SW 12TH AVENUE
HOMESTEAD FL 33030

Mailing Address

739 SW 12TH AVENUE
HOMESTEAD FL 33030



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

3. Date Incorporated or Qualified

09/04/1986

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

9. Name and Address of Current Registered Agent

DIXON, LESIU
942 NW 3RD STREET
FLORIDA CITY FL 33034

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME P STEVENS, JOSEPH S
STREET ADDRESS 14701 SW 104 CT
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE
NAME TR DOZIER, CORENE
STREET ADDRESS 705 NW 8TH AVE
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE ☐ DELETE
NAME D THRASH, CODIE
STREET ADDRESS 1272 NW 9TH AVE
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE ☐ DELETE
NAME D BULLARD, KARY
STREET ADDRESS 965 NW 10TH STREET
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE ☐ DELETE
NAME D MCGILL, AL
STREET ADDRESS 975 REDLAND RD
CITY-ST-ZIP FLORIDA CITY FL

TITLE ☐ DELETE
NAME D BYNUM, MATTIE
STREET ADDRESS 15600 SW 295TH TERR
CITY-ST-ZIP LEISURE CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 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, with all other like empowered.

SIGNATURE *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/99 305-791-1887

CR2E037 (11/98)