

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 # **N20069** (3)

1. Corporation Name
TRINITY BAPTIST CHURCH OF MIAMI, INC.



Principal Place of Business: 3520 SW 97TH AVE, MIAMI FL 33165-4073, US
Mailing Address: 3520 SW 97TH AVE, MIAMI FL 33165-4073, US

3. Date Incorporated or Qualified: **04/10/1987**
3a. Date of Last Report: **03/17/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-1212499	<input type="checkbox"/>	Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Country					

9. Name and Address of Current Registered Agent

REYES, VICTOR T
3520 SW 97TH AVENUE
MIAMI FL 33165

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P REYES, VICTOR T <input type="checkbox"/> DELETE	11 TITLE	D JAMES T. MORGAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, VICTOR T	12 NAME	10771 SW 47 ST.
STREET ADDRESS	3520 SW 97TH AVENUE	13 STREET ADDRESS	MIAMI FL 33165
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	T BUFKIN, LINDA <input type="checkbox"/> DELETE	21 TITLE	
NAME	BUFKIN, LINDA	22 NAME	
STREET ADDRESS	3210 SW 106TH AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	S DIAZ, ALICE <input type="checkbox"/> DELETE	31 TITLE	
NAME	DIAZ, ALICE	32 NAME	
STREET ADDRESS	4753 SW 127TH PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	D SULLIVAN, SONNY B. <input checked="" type="checkbox"/> DELETE	41 TITLE	
NAME	SULLIVAN, SONNY B.	42 NAME	
STREET ADDRESS	7771 SW 133RD COURT	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D WINSKIE, GERALD E. SR. <input type="checkbox"/> DELETE	51 TITLE	
NAME	WINSKIE, GERALD E. SR.	52 NAME	
STREET ADDRESS	10020 SW 48TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	D DIAZ, JOSE LUIS <input type="checkbox"/> DELETE	61 TITLE	
NAME	DIAZ, JOSE LUIS	62 NAME	
STREET ADDRESS	4753 SW 127TH PL	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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)(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: Linda L. Bufkin LINDA L. BUFKIN-T- 4-25-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)