## 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 # N20342

(4)

NEW MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF MI AMI, INCORPORATED

**FILED** Feb 26 1996 8:00 am Secretary of State



гисрагас	e or positiess	Mailing Address	Mailing Address						
6700 NW 14T	6700 NW 14TH AVE.								
MIAMIFL 331 US	47	MIAMI FL 33147							
00		US	US			3. Date Incorporated or Qualified 04/06/1987	3a. Date of Last Report 03/13/1995		
Principal Place of Business     2a. Mailing Address						4. FEI Number	1	70,70,1	Applied For
21		26 (VIDI BOW	471	1 /	<u> </u>	59-2813525			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					,			\$8.7	5 Additional
22		27				5. Certificate of Status Desired			Required
City & State	e	City & State		1		6. Election Campaign Financing		\$5.0	00 May Be
23		28 Miami	411	4,		Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Count		,	B. This corporation has liability for in	tanoible ta		
24	25		30	Pá	de	· · · · · · · · · · · · · · · · · · ·	Yes 🗆		
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered	Agent	
ĺ			8	31   1	Name				
HANNA, ALDIN R. S					Street Add	dress (P.O. Box Number is Not Acceptable			
3134 NW 49TH STREET					or out nut	areas of the second to the superplant	,		
MIAMI FL	. 33142		8	33					
I			<u> </u>	34 (	C#			12-1 -	
I				14	City		FL	85 Z	ip Code
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	, the above	e-nar	med corpo	pration submits this statement for the purp	oco of obo	nging its	registered office
or register	red agent, or both, in the State of Floi th, and accept the obligations of, Sec	10a. Such change was authorized	by the co	rpora	ation's boa	ard of directors. I hereby accept the appoint	ntment as	registere	d agent. I am
	in, and accept the congenions of Gee	Mon on 1.0000, Honda Statutes.							
SIGNATURE .	Signature, typed or printed name of registered agen	nt and title if apolicable (NOTE	: Registered Ad	aent si	ignature require	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	DRS IN 12
TITLE	PCD	DELETE	1.1 TITLE					Change	☐ Addition
NAME	TOOKS, CHARLIE R.		1.2 NAM	ΙE	ĺ		•		
STREET ADDRESS	14523 SW 104TH PLACE		1.3 STRE		IORESS				
CITY - ST - ZIP	MIAMI FL		1.4 CITY						
TITLE	SD	DELETE	2.1 TITLE			1.70-70-10-10-10-10-10-10-10-10-10-10-10-10-10	· r	Change	Addition
NAME	TODO BOOVED OD			2.2 NAME					
STREET ADDRESS	5201 NW 24 CT				OBERC				
	DIAMI CI			2 3 STREET ADDRESS 2 4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	10				zir			7 Ch	- Idae
NAME	WINDSOR, JESSE	Florecie	31 TITLE				L	Change	Addition
SIREEI ADORESS	15730 NW 27 PL		3.2 NAM						
	MIAMI FL		3.3 STAE						
CITY-ST-ZIP	D IVIDANI ( L	DELETE	3.4. CITY	~~~	ZIP		<del></del>	٠	
TITLE	- ·	□\refere	4.1 TITLE				L	Change	☐ Addition
NAME	WALTON, NELSE		4. 2 NAM						
STREET ADDRESS	280 NW 42ND STREET		4.3 STRE	ET AD	DRESS				
CHTY-ST-ZIP	MIAMI FL		4.4 CITY	_	ZIP				
TITLE	D TUOMA HOK	DELETE	5.1 TITLE				C	Change	Addition
NAME	THOMAS, JACK		5.2 NAMI	E	İ				
STREET ADDRESS	1423 NW 68 TERR		53 STRE	ET ADI	DAESS				
CITY-ST-ZIP	MIAMI FL		5.4 CITY	- ST - Z	TIP				
TITLE		DEFELE	6.1 TITLE		Ī		[	Change	■ Addition
NAME			6.2 NAME	E					
STREET ADDRESS			6.3 STRE	ET AD	DRESS				
CITY-ST-ZIP			6.4 CITY	- ST - Z	riP				
	y cortify that the information supplied	saidh thin filme in colombach i saidh							

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:

ISL WINDSUR Chairman or Trustee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR