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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N20342 (4)

1. Corporation Name

NEW MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF MIAMI, INCORPORATED



Principal Place of Business

Mailing Address

6700 NW 14TH AVE
MIAMI FL 33147
US

P.O BOX 471765
MIAMI FL 33247-1765
US

3. Date Incorporated or Qualified
04/06/1987

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2813525

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANNA, ALDIN R. S
3134 NW 49TH STREET
MIAMI FL 33142

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 PCO DELETE
NAME TOOKS, CHARLIE R.
STREET ADDRESS 14523 SW 104TH PLACE
CITY-ST-ZIP MIAMI FL

1.1 TITLE P/C Change Addition
1.2 NAME Charlie R. Tookes
1.3 STREET ADDRESS 14523 S.W. 104th place
1.4 CITY-ST-ZIP Miami, Florida

TITLE SD DELETE
NAME TODD, BOOKER SR.
STREET ADDRESS 5201 NW 24 CT
CITY-ST-ZIP MIAMI FL

2.1 TITLE M/D Change Addition
2.2 NAME Booker Todd, Sr.
2.3 STREET ADDRESS 5201 n.w. 24th ct
2.4 CITY-ST-ZIP Miami, Fla. 33142

TITLE TD DELETE
NAME WINDSOR, JESSE
STREET ADDRESS 15730 NW 27 PL
CITY-ST-ZIP MIAMI FL

3.1 TITLE J Change Addition
3.2 NAME Jesse Windsor
3.3 STREET ADDRESS 15730 n.w. 27th place
3.4 CITY-ST-ZIP Miami, Florida 33054

TITLE D DELETE
NAME WALTON, NELSE
STREET ADDRESS 280 NW 42ND STREET
CITY-ST-ZIP MIAMI FL

4.1 TITLE S Change Addition
4.2 NAME Lonnie Wilfork
4.3 STREET ADDRESS 1027 n.w. 64th Street
4.4 CITY-ST-ZIP Miami, Florida 33147

TITLE D DELETE
NAME THOMAS, JACK
STREET ADDRESS 1423 NW 68 TERR
CITY-ST-ZIP MIAMI FL

5.1 TITLE V/D Change Addition
5.2 NAME Aldin R. Hanna
5.3 STREET ADDRESS 3134 n.w. 49th Street
5.4 CITY-ST-ZIP Miami, Florida 33142

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D/T Change Addition
6.2 NAME Jack Thomas
6.3 STREET ADDRESS 1423 n.w. 68th Ter
6.4 CITY-ST-ZIP Miami, Fla. 33147

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: *Charlie Robert Tookes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlie Robert Tookes, President
Date: January 6, 1997
Daytime Phone: 305-351-8294

CR2E037 (9/96)