FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N20342

(4)

NEW MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF MI AMI, INCORPORATED											
Principal Plac	e of Busines	s	Malling	Malling Address				I LOBSTRAUT DIN LYBUS BÅTAD TYTTY DEDIN TI	OL WISH BIQU	EISIF BIAN B	(3)) 3 (0) (3)
6700 NW 14TH MIAMI FL 33141 US				1019 N.W. 76TH STREET MIAMI FL 33150 US			3. Date Incorporated or Qualified 04/06/1987 4. FEI Number Applied For 59-2813525 Not Applicable				
2. Principal Place of Business 28. Malling Address								59-2813525			Additional
21			26	⊢				5. Certificate of Status Desired			equired
Suite, Apt.	#, etc.		Suite 27	Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
City & Stat	le	City	City & State				7. Is this nonprofit corporation a homeowners association? Yes \(\subseteq \text{No} \)				
Zip	Country Zip 25 29				Countr 30	у		This corporation owes or has paid the current year intangible Personal Property Tax due June 30.			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
						ij	Name				
HANNA, ALDIN R. S 3134 NW 49TH STREET					82	82 Street Address (P.O. Box Number is Not Acceptable)					
		83									
MIAMI FL 33142					84	1	Oib.			BE 7:-	Code
						1	City		FL	'	
11. Pursuant office or r agent. I a	to the provis registered eq im familiar w	lons of Sections 617.050 pent, or both, in the State th, and accept the obligi	2 and 617.156 of Florida. Su ations of, Sect	08, Florida Statut ich change was : ion 617.0503, Fl	tes, the above authorized borida Statute	/Ø- ly (98.	named corporation	oration submits this statement for the proof on the proof of directors. I hereby acception to the proof of directors of the proof	urpose of t the appo	changing l	ts registered registered
Signature, typed or printed frame of registered agent and title if applicable (NC						jeni	signature require	ed when reinstating)	DATE	<u> </u>	
12.	-	OFFICERS AN	D DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PC	CHADLIE D		☐ DELETE	1.1 HTLE				ı	☐ Change	Addition
NAME STREET ADORESS	TOOKS, CHARLIE R. MOORESS 14523 SW 104TH PLACE				1.2 NAME	1.3 STREET ADDRESS					
CITY-ST-ZIP	*****			1.41							
TITLE						"	-			Change	Addition
NAME	TODD, BOOKER SR.						1				
STREET ADDRESS	ss 5201 NW 24 CT					TA	DORESS				
CITY-ST-21P					2. 4 CITY-	2. 4 CITY-ST-ZIP					
TITLE	TF DELETE					3.1 TITLE				Change	Addition
NAME	MINDSO	REMESSE MYOUN	I K. H.	HMMA	3.2 NAME						
NAME WANDSOR JESSE ALBIN R. HANNA STREET ADDRESS 15730 NW 27-PL 3134 N.W. 49 84					3 3 STREE						
CITY-ST-ZIP						ST-	-ZIP				
TITLE	S			FT DECEIF	4.1 TITLE				ļ	Change	Addition
NAME		K, LONNIE			4. 2 NAME						
	STREET ADDRESS 1027 NW 64TH ST CITY-ST-ZIP MIAMI FL 33147				4.3 STREE		1				
CITY+ST-ZIP		L 3314/		DELETE	4.4 CITY-1	ST-	ZIP		—	Change	Addition
NAME	VD HANNIA	ALDIAL D		C DETENT	5.1 TITLE 5.2 NAME				·	Crange	ווטוווטטא נייי
···		Aldin R V. 49th Street					DODECC				
STREET ADDRESS	SIST NA				5.3 STREE						

City-st-zip
 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.

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE

TITLE

STREET ADDRESS

hali Robert Troker

DELETE

29-1998

305-251-8294

Change

Addition

FILED

May 08 1998 8:00am

Secretary of State