

FILE NOW: FILING FEE IS \$61.25

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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20342 (4)

1. Corporation Name
NEW MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF MIAMI, INCORPORATED

Principal Place of Business 6700 NW 14TH AVE MIAMI FL 33147 US	Mailing Address 1019 N.W. 76TH STREET MIAMI FL 33150 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 04/06/1987		
4. FEI Number 59-2813525	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 *Aldin R. Hanna* **4/29/98**
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 PC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOOKS, CHARLIE R.		1.2 NAME	
STREET ADDRESS 14523 SW 104TH PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE MD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TODD, BOOKER SR.		2.2 NAME	
STREET ADDRESS 5201 NW 24 CT		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33142		2.4 CITY-ST-ZIP	
TITLE TF	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WINDSOR JESSE ALDIN R. HANNA		3.2 NAME	
STREET ADDRESS 15730 NW 27 PL 3134 N.W. 49 ST		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33054 MIAMI, FLA. 33142		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILFORK, LONNIE		4.2 NAME	
STREET ADDRESS 1027 NW 64TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33147		4.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HANNA, ALDIN R		5.2 NAME	
STREET ADDRESS 3134 N.W. 49TH STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33142		5.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, JACK		6.2 NAME	
STREET ADDRESS 1423 N.W. 68TH TERRACE		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33147		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.

SIGNATURE: *Charlie Robert Took* **4/29-1998** **305-257-8294**

CR2E037 (10/97)