

FILE NOW: FILING FEE IS \$61.25 *Amended*

FILED  
Aug 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # *N20342*  
1. Corporation Name  
*New Mount Moriah Missionary Baptist Church of Miami, Inc.*

Principal Place of Business  
*6700 N.W. 14th Avenue  
Miami, Florida 33147*

Mailing Address  
*1019 N.W. 76th Street  
Miami, Florida 33150*

3. Date Incorporated or Qualified  
*04/06/1987*

4. FEI Number  
*59-2813525*

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

*Hanna, Aldid R.  
3134 N.W. 49th Street  
Miami, Florida 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

*FL*

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 *Aldid R. Hanna* *4-28-98*

Signature, typed or printed name of each registered agent and director, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	<i>DK/T</i>	<input type="checkbox"/> DELETE
NAME	<i>Tookes, Charlie R.</i>	
STREET ADDRESS	<i>14523 S.W. 104th Place</i>	
CITY - ST - ZIP	<i>Miami, Fla. 33176</i>	
TITLE	<i>MD</i>	<input type="checkbox"/> DELETE
NAME	<i>Todd, Booker, Sr.</i>	
STREET ADDRESS	<i>5201 N.W. 24th Ct.</i>	
CITY - ST - ZIP	<i>Miami, Fla. 33142</i>	
TITLE	<i>Tr.</i>	<input type="checkbox"/> DELETE
NAME	<i>Jesse, Windsor</i>	
STREET ADDRESS	<i>15730 N.W. 27th Place</i>	
CITY - ST - ZIP	<i>RPA Locks, Fla. 33054</i>	
TITLE	<i>SHR</i>	<input type="checkbox"/> DELETE
NAME	<i>Wilfork, Lonnie</i>	
STREET ADDRESS	<i>1027 N.W. 64th Street</i>	
CITY - ST - ZIP	<i>Miami, Fla. 33141</i>	
TITLE	<i>MD</i>	<input type="checkbox"/> DELETE
NAME	<i>Hanna, Aldid R.</i>	
STREET ADDRESS	<i>3134 N.W. 49th Street</i>	
CITY - ST - ZIP	<i>Miami, Fla. 33142</i>	
TITLE	<i>D</i>	<input type="checkbox"/> DELETE
NAME	<i>Thomas, Jack</i>	
STREET ADDRESS	<i>1423 N.W. 68th Terrace</i>	
CITY - ST - ZIP	<i>Miami, Fla. 33147</i>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>300002607053</i>
5.3 STREET ADDRESS	<i>-08/04/98-01065-036</i>
5.4 CITY - ST - ZIP	<i>***61.25</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 R. Tookes* *7-23-98* *(305) 251-8294*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)