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**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N20342**

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 NW 76TH STREET, N. MIAMI FL 33150, US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/06/1987
22	City & State	City & State	4. FEI Number
	Zip	Zip	59-2813525
23	Country	Country	Applied For
			Not Applicable
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALDIN, HANNA 3134 NW 49TH STREET MIAMI FL 33142	81 Name: <b>Jesse Windsor</b> 82 Street Address (P.O. Box Number is Not Acceptable): <b>15730 NW 27 PLACE</b> 83 84 City: <b>OPA LOCKA</b> FL 85 Zip Code: <b>33054</b>

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: **Jesse Windsor PCT** (NOTE: Registered Agent signature required when reinstating) DATE: **4-26-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PCT	NAME: TOOKS, CHARLIE R	1.1 TITLE: D	NAME: TOOKS, CHARLIE R
STREET ADDRESS: 14523 SW 104TH PLACE	CITY-ST-ZIP: MIAMI FL 33176	1.2 NAME:	1.3 STREET ADDRESS: 14523 SW 104TH PLACE
		1.4 CITY-ST-ZIP:	MIAMI FL 33176
TITLE: MD	NAME: BOOKER, TODD SR	2.1 TITLE: TR	NAME: ALBERTA ANDERSON
STREET ADDRESS: 5201 NW 24TH CT.	CITY-ST-ZIP: MIAMI FL 33142	2.2 NAME:	2.3 STREET ADDRESS: 5573 NW 24 AVE
		2.4 CITY-ST-ZIP:	MIAMI FL 33142
TITLE: TR	NAME: WINDSOR, JESSE	3.1 TITLE: PCT	NAME: WINDSOR, JESSE
STREET ADDRESS: 15730 NW 27TH PLACE	CITY-ST-ZIP: OPA LOCKA FL 33054	3.2 NAME:	3.3 STREET ADDRESS: 15730 NW 27 PLACE
		3.4 CITY-ST-ZIP:	OPA LOCKA FL 33054
TITLE: STR	NAME: WILFORK, LONNIE	4.1 TITLE: SPD	NAME: WILFORK LONNIE
STREET ADDRESS: 1027 NW 49TH STREET	CITY-ST-ZIP: MIAMI FL 33147	4.2 NAME:	4.3 STREET ADDRESS: 19676 NW 33 PLACE
		4.4 CITY-ST-ZIP:	OPA LOCKA FL 33056
TITLE: VD	NAME: ALDIN, HANNA R	5.1 TITLE: VD	NAME: ALDIN HANNA R
STREET ADDRESS: 3134 NW 49TH STREET	CITY-ST-ZIP: MIAMI FL 33142	5.2 NAME:	5.3 STREET ADDRESS: 3134 NW 49TH STREET
		5.4 CITY-ST-ZIP:	MIAMI FL 33142
TITLE: D	NAME: THOMAS, JACK	6.1 TITLE: D	NAME: ELEMAN JONES
STREET ADDRESS: 1423 NW 68TH TERRACE	CITY-ST-ZIP: MIAMI FL 33147	6.2 NAME:	6.3 STREET ADDRESS: 2935 NW 68 STREET
		6.4 CITY-ST-ZIP:	MIAMI FL

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, with all other like empowered.

SIGNATURE: **Jesse Windsor** SIGNATURE REQUIRED: **Jesse Windsor** DATE: **4-26-99** DAYTIME PHONE #: **305-6216466**

CRZE037 (11/98)