

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY -1 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N26037**
1. Corporation Name
**SECOND CANAAN MISSIONARY
BAPTIST CHURCH**

Principal Place of Business Mailing Address
**4343 NW 17th AVE.
MIAMI, FL 33142**

2. Principal Place of Business 2a. Mailing Address
21 **4343 NW 17th AVE.**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 **MIAMI FLORIDA**
24 Zip 25 **33142** Country 29 **USA**

3. Date Incorporated or Qualified **APRIL 22, 1988** 3a. Date of Last Report
4. FEI Number **65-0048490** 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
**HENRY LEE WHITEHEAD
2990 NW 47th ST.
MIAMI, FL 33142**

10. Name and Address of New Registered Agent
B1 Name **DEA. HENRY L. WHITEHEAD**
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **MIAMI** FL B5 Zip Code **33142**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Henry Lee Whitehead DATE: 4-17-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C, D	NAME Whitehead, Henry STREET ADDRESS 2990 NW 47th St. CITY, ST, ZIP MIAMI, FL 33142	1.1 TITLE Church CLERK and TR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S, T, D	NAME Kelly, Arnold STREET ADDRESS 1470 NW 45th St CITY, ST, ZIP MIAMI, FL 33142	1.2 NAME TOOMER, Christine 1.3 STREET ADDRESS 1011 N.W. 46th St. 1.4 CITY, ST, ZIP MIAMI, FL 33127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D, Tr	NAME Hilton, Alvertis STREET ADDRESS 9201 NW 20th AVE CITY, ST, ZIP MIAMI, FL 33147	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D, Tr	NAME KEELS, John STREET ADDRESS 1934 NW 43rd St. CITY, ST, ZIP MIAMI, FL 33142	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Trustee	NAME TUCKER, MARY L. STREET ADDRESS 2034 NW 93rd St. CITY, ST, ZIP MIAMI, FL 33147	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DEACON - VICE CHAIRMAN	NAME Clayton, Thomas STREET ADDRESS 1075 NW 75th St. CITY, ST, ZIP MIAMI, FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arnold Kelly DATE: 4-17-95 TIME: 305.636.2275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR