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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N26037

1. Corporation Name
SECOND CANNAN MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business
4343 NW 17TH AVE
MIAMI FL 33142

Mailing Address
4343 NW 17TH AVE
MIAMI FL 33142



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
04/22/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0048490

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITEHEAD, HENRY L
2990 NW 47TH ST
MIAMI FL 33142

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 *Henry Lee Whitehead*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME WHITEHEAD, HENRY
STREET ADDRESS 2990 NW 47TH ST
CITY-ST-ZIP MIAMI FL

1.1 TITLE DEACON, TRUSTEE
1.2 NAME COFFEE, MILTON
1.3 STREET ADDRESS 3207 NW 52nd St.
1.4 CITY-ST-ZIP MIAMI, FL 33142

TITLE TSD
NAME ARNOLD KELLY
STREET ADDRESS 1470 NW 45 STREET
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DVC
NAME CLAYTON, THOMAS
STREET ADDRESS 1095 NW 75TH ST
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME TUCKER, MARY L.
STREET ADDRESS 2034 NW 93RD ST
CITY-ST-ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DT
NAME HILTON, ALVERTIS
STREET ADDRESS 9201 N.W. 20TH AVE.
CITY-ST-ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DT
NAME KEELS, JOHN
STREET ADDRESS 1934 N.W. 43RD ST.
CITY-ST-ZIP MIAMI FL

6.1 TITLE
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, with all other like empowered.

SIGNATURE: *Ms. Signatures Required*

MARCH 14, 1999 205-636-2275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (11/98)