

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N35030 (8)**  
1. Corporation Name  
**NEW SOLID ROCK MISSIONARY BAPTIST CHURCH INC.**



Principal Place of Business Mailing Address  
**9026 NW 22 AVE. MIAMI FL 33147** **9026 NW 22 AVE. MIAMI FL 33147**

3. Date Incorporated or Qualified **11/02/1989** 3a. Date of Last Report **04/21/1995**  
4. FEI Number **65-0156479** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**PITTS SR, MARVIN C.  
1332 NW 188TH TER  
MIAMI FL 33169**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DYSON, JESSIE</b>	1.2 NAME	<i>Director</i>
STREET ADDRESS	<b>18430 NW 29 CT</b>	1.3 STREET ADDRESS	<i>North E L. Pitts</i>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<i>1332 N.W. 188TH TER MIAMI FL 33169</i>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLOWERS, PRUDENCE</b>	2.2 NAME	
STREET ADDRESS	<b>1790 NW 90 ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLOWERS, ONZIE</b>	3.2 NAME	
STREET ADDRESS	<b>1790 NW 90TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PITTS, MARVIN</b>	4.2 NAME	
STREET ADDRESS	<b>9207 NW 22 AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REED, ADDIE</b>	5.2 NAME	
STREET ADDRESS	<b>2980 NW 92ND ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>M</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DYSON, ARTHUR</b>	6.2 NAME	
STREET ADDRESS	<b>15920 NW 21 AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marvin Pitts - Marvin Pitts - Director* 3/28/96 305/655-2014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)