

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 9026 NW 22 AVE. MIAMI FL 33147  
Mailing Address: 9026 NW 22 AVE. MIAMI FL 33147-3554

3. Date Incorporated or Qualified: 11/02/1989  
3a. Date of Last Report: 04/29/1996  
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: 21 9026 N.W. 22 Ave  
2a. Mailing Address: 26 Suite, Apt. #, etc.  
22 City & State: 27 miami FL  
23 City & State: 28 miami FL  
24 Zip: 33147 25 Country: 29 Dade 30

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	Chairman
NAME	DYSON, JESSIE	1.2 NAME	Jackson, Richard
STREET ADDRESS	18430 NW 29 CT	1.3 STREET ADDRESS	3165 N.W.80 Terr.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fla. 33147
TITLE	VS	2.1 TITLE	Secretary
NAME	FLOWERS, PRUDENCE	2.2 NAME	Pitts, Nettie
STREET ADDRESS	1790 NW 90 ST	2.3 STREET ADDRESS	1332 N.W.80 Terrace
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fla. 33169
TITLE	PD	3.1 TITLE	
NAME	FLOWERS, ONZIE	3.2 NAME	
STREET ADDRESS	1790 NW 90TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	PITTS, MARVIN	4.2 NAME	
STREET ADDRESS	9207 NW 22 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	REED, ADDIE	5.2 NAME	
STREET ADDRESS	2980 NW 92ND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	M	6.1 TITLE	
NAME	DYSON, ARTHUR	6.2 NAME	
STREET ADDRESS	15920 NW 21 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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14. I do 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 \_\_\_\_\_ DATE 3/26/97

CR2E037 (9/96)