

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40151 (5)

1. Corporation Name

GREATER NEW FAITH MISSIONARY BAPTIST CHURCH, INC

Principal Place of Business

Mailing Address

P.O. BOX 681359
MIAMI FL 33169

P.O. BOX 681359
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0218574

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 681359
Suite, Apt. #, etc.

26 P.O. Box 681359
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ X

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCOY, ETTA
1410 NW 83RD TERR
MIAMI FL 33150

81 Name

Bonnie R/ Sims

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

1300 N.W. 198th Street

83

84 City

Miami

FL

85 Zip Code

33169

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

Bonnie R. Sims

(NOTE: Registered Agent signature required when reappointing)

April 11, 1995

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SIMS, WILLIE E., JR.
STREET ADDRESS	1300 NORTHWEST 198TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	DP
NAME	MCCOY, ETTA
STREET ADDRESS	1410 NORTHWEST 83RD TERR
CITY-ST-ZIP	MIAMI FL
TITLE	DV
NAME	OLIVER, FRANKLIN, SR.
STREET ADDRESS	4360 NORTHWEST 191ST TER
CITY-ST-ZIP	MIAMI FL
TITLE	DS
NAME	ANDERSON, KAREN
STREET ADDRESS	1980 NORTHWEST 104TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	T
NAME	RUCKER, JOE
STREET ADDRESS	655 N.W. 151ST STREET
CITY-ST-ZIP	NORTH MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Sims, Bonnie R.
2.3 STREET ADDRESS	1300 NW 198th Street
2.4 CITY-ST-ZIP	Miami, Florida
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Bivens, Glenn
3.3 STREET ADDRESS	2341 NW 132nd Street
3.4 CITY-ST-ZIP	Miami, Florida
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	Oliver, Franklin, Sr.
5.3 STREET ADDRESS	4360 NW 191st Terrace
5.4 CITY-ST-ZIP	Miami, Florida
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(4), 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:

Bonnie R. Sims

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95

DATE

305 492-3167

TELEPHONE