FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

N41711

DOCU 1. Corporatio	MENT # N4171	1 (5)			
NEW F	ELLOWSHIP MISSIONARY (BAPTIST CHURCH, INC.			
Principal Place	e of Business	Mailing Address		—	
240 BAHMAN AVENUE		240 BAHMAN AVENUE			
OPA LOCKA FL 33054		OPA LOCKA FL 33054			
				3. Date incorporated or Qualified	3a. Date of Last Report
	(D)	Local Adultura Adultura		01/17/1991 4. FEI Number	01/26/1995
2. Principal P	Place of Business	2a. Mailing Address		65-0220051	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for its contribution.	Added to Fees
24	25		30		Yes No
	Name and Address of Currer	t Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
LARKIN, FLOYD W			82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
2011 NW 151ST STREET OPA LOCKA FL 33054			83		
OTALO	OIN 1 L 00004		84 City		SE 7in Codo
[B			84 City		FL 85 Zip Code
11. Pursuant or registe	to the provisions of Sections 617.0502 ered agent, or both, in the State of Fi b ric	2 and 617.1508, Florida Statutes, da. Such change was authorized	the above named corporation's boar	ation submits this statement for the pured of directors. I hereby accept the app	pose of changing its registered office pintment as registered agent. I am
familiar w	vita and accept the obligations of Sect	ion 617.0503, Florida Statutes.	130 - 43	rd of directors. I hereby accept the appoint	1-14-96
SIGNATUR	Signature, thed or printed name of registered agent		OVA W. LOFKI Registered Agent signature required		DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD	[DELETE	1.1 TITLE		Change Addition
NAME	LARKIN, FLOYD W		1.2 NAME		
STREET ADDRESS	2011 NW 151ST ST OPA LOCKA FL		1.3 STREET ADDRESS		
TITLE	SD SD	DELETE	1.4 CITY - ST - ZIP 2 1 THLE		Change Addition
NAME	COLEY, RALPH		2 2 NAME		
STREET ADDRESS	+ 1 · · · · · · · · · · · · · · · · · ·		2 3 STREET ADDRESS		
CITY-ST-ZiP	CAROL CITY FL	Fibrure	2. 4 CITY - ST - ZIP		F16 F14
TITLE MAME	ST OSBORNE, JOHN DEACON	[_]DELETE	3 1 TITLE 3 2 NAME		Change Addition
NAME STREET ADDRESS		ACF	3 2 NAME 3 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP		
THILE	<u> </u>	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIF TITLE		□]DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		Change Addition
NAME		LIDECETE	52 NAME		C cumião C vacation
STREET ADDRESS			5 3 STREET ADDRESS		
City-St-2iF			5.4 CITY - ST - ZIP		
TITLE		□]DELETE	61 TITLE		☐ Change ☐ 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 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 of Block 13 if changed, or on an attachment with an address.

62 NAME

6 3 STREET ADDRESS

NAME

STREET ADDRESS

Floyd W. Larkin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

687-6077