

FILE NOW: FILING FEE IS \$61.25

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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43737 (8)

1. Corporation Name

NEW BIRTH BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

13230 NW 7TH AVE.
N. MIAMI FL 33168-2804
US

13230 NW 7TH AVE.
N. MIAMI FL 33168-2804
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/05/1991

4. FEI Number

65-0269611

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

WILLIAMS, VERNITA C
13230 NW 7TH AVENUE
C/O NEW BIRTH BAPTIST CHURCH
MIAMI FL 33168

81 Name

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

13230 NW 7th Ave
New Birth Baptist Church

83 City

Miami

FL

85 Zip Code

33168

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CURRY, VICTOR T.
STREET ADDRESS 5335 NW 188 ST
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VD
NAME MCKINNEY, JOHN
STREET ADDRESS 18825 NW 83RD CT.
CITY-ST-ZIP MIAMI LAKES FL ☒ DELETE Deceased

TITLE SD
NAME JACKSON, BRENDA
STREET ADDRESS 13230 NW 7TH AVENUE
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VD
NAME KELLY, JOHN
STREET ADDRESS 5454 FLETCHER ST
CITY-ST-ZIP HOLLYWOOD FL ☐ DELETE

TITLE D
NAME BRYANT, MAE
STREET ADDRESS 1000 NW 151ST ST.
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME Rubye Howard
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☒ Addition

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]

4/20/18

Date

Daytime Phone #

CR2E037 (10/97)