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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

N44195

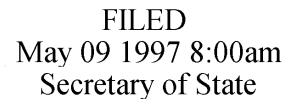
(8)

NEW RESURRECTION INSTITUTIONAL BAPTIST CHURCH, I

Principal Place	of Business
565 S. BARFIELI PAHOKEE FL 33 US	

Mailing Address

565 S. BARFIELD HWY PAHOKEE FL 33476-1933 US





3a. Date of Last Report 05/01/1996

3. Date Incorporated or Qualified 06/18/1991

<u> </u>	Place of Business 2a, Mailing Address 26					NOT APPLICABLE Applied Fi				
Suite, Apt.	Jite, Apt. #, etc.			Suite, Apt. #, etc.			- 28	Not Applicable 75 Additional		
 1 '			27	—				ee Required		
City & State	City & State City & State					6. Election Campaign Financing \$5	.00 May Be			
28 28				Trust Fund Contribution Added to Fees						
Zip		Country	Zi	D	Count	y	8. This corporation has liability for intangible tax under s. 199.032,			
24		25	29		30					
9. Name and Address of Current Registered Agent						1) Name	10. Name and Address of New Registered Agent			
						81 Name				
PAIGE, GRAF				8:	82 Street Address (P.O. Box Number is Not Acceptable)					
565 S BARFIELD HWY.				<u>.</u>	63					
PAHOKEE FL 33476			0.							
					84 City FL 85 Zip Code					
11. Pursuant t	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									
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 pullipations of, Section 617.0503, Florida Statutes.										
SIGNATURE	. (a Mal 1	ais l				3-10-9	7		
	Signature, typed o					gent signature req				
12.	DPT	OFFISERS A	IND DIRECTO	DELETE	13. 1,1 TITLE	T	ADDITIONS/CHANGES TO OFFICERS AND DIRECT			
NAME		EV. OSCAR W, JR			1.2 NAME		L Oil	ange L_ Addition [
STREET ADDRESS	763 PALI					ET ADDRESS		18		
CITY-ST-ZIP	PAHOKE				1.4 CITY			{		
TITLE	DS	<u> </u>		DELETE	21 TITLE		□ ch	ange T Addition		
NAME		GERALDINE			2.2 NAM	ſ				
STREET ADDRESS	763 PALI					ET ADDRESS				
CITY-ST-ZIP	PAHOKE				2. 4 CITY	· · · · · · · · · · · · · · · · · · ·				
TITLE	DV			DELETE	3.1 TITLE		☐ Ch	ange [] Addition		
NAME	MCCULL	OUGH, MARELLE			3.2 NAMI					
STREET ADDRESS	ZO9 PAD	GETT CR.			3.3 BTRE	EY ADDRESS		ĺ		
CITY-ST-ZIP	PAHOKE	E FL			3.4. CITY	- ST - ZIP				
TITLE				DELETE	4.1 TITLE		☐ Ch	ange Addition		
NAME					4. 2-NAM	E				
STREET ADDRESS					4.3 \$TRE	ET ADDRESS	•			
CITY-ST-ZIP					4.4 ÇITY	ST-ZIP				
TITLE				DELETE	51 TITLE		□ Ch	ange [_] Addition		
NAME					5.2 NAMI		•	Į		
STREET ADDRESS					5.3 \$TRE	ET ADDRESS		•		
CITY-ST-ZIP					5.4 ÇITY					
TITLE				DELETE	6.1 TITLE	1	L☐ Ch	ange 🔲 Addition		
NAME					6.2 NAM					
STREET ADDRESS						et address				
CITY-ST-ZIP	مراد معطال والمعد	the lefermation and	المائين امما	Olina dana nat co-14	6.4 CITY	- S1 - ZIP	and in Continue and OT/OVA Florida Chapters 11 11 11 11	10.04.45		
14. Too nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this ennual 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										
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 truefce empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or Block 15 or Block 15 or Block 15 or Block 15 or Block 16 or Block 16 or Block 17 or Block 17 or Block 18 or Block 19 or Bloc										