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1995 APR 26 PM 1:09

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # ~~78534~~ **N 45330**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
BROWNSVILLE BAPTIST CHURCH OF MIAMI, INC.

500001469265
-05/01/95--01050---011
*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**

2775 N.W. 60th Street
Miami, FL 33142

3. Date Incorporated or Qualified 09/26/1991	3a. Date of Last Report 03/31/94
4. FEI Number 59-2525056	Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ANDERSON, BERNARD
18541 NW 8 ROAD
MIAMI, FL 33169

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 Zip Code

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANDERSON, BERNARD
STREET ADDRESS	18541 NW 8TH RD
CITY - ST - ZIP	MIAMI, FL
TITLE	T/D
NAME	HIGHTOWER, WILLIE
STREET ADDRESS	18835 NW 31 ST AVENUE
CITY - ST - ZIP	MIAMI, FL
TITLE	S/D
NAME	HALSELL, PATRICIA
STREET ADDRESS	18731 NW 11 ROAD
CITY - ST - ZIP	MIAMI, FL
TITLE	S/D
NAME	JORDAN, FREDA
STREET ADDRESS	2265 NW 93RD TERR
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	MASON, WILLIE JAMES
STREET ADDRESS	2640 NW 106TH STREET
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	WHITE, FREDDIE
STREET ADDRESS	16415 NW 27 COURT
CITY - ST - ZIP	OPA LOCKA, FL 33054

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/D WRIGHT, WILLIAM
2.3 STREET ADDRESS	2940 NW 66 STREET
2.4 CITY - ST - ZIP	MIAMI, FL 33142
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T/D HALSELL, PATRICIA
3.3 STREET ADDRESS	17130 N.W. 19th Avenue
3.4 CITY - ST - ZIP	OPA LOCKA, FL 33056
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D WHITE, FREDDIE
6.3 STREET ADDRESS	16415 NW 27 COURT
6.4 CITY - ST - ZIP	OPA LOCKA, FL 33054

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)(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 recipient of a power of attorney 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:** 3/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR