

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90085 030 \*\*\*\*70.00

0031018

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N45330**

1. Corporation Name

**BROWNSVILLE BAPTIST CHURCH OF MIAMI, INC.**

Principal Place of Business  
 2775 NW 60TH STREET  
 MIAMI FL 33142

Mailing Address  
 2775 NW 60TH STREET  
 MIAMI FL 33142



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/26/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		-59-2525056	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip	Country	Zip	Country		
24		25		29	30

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

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	85 Zip Code
	FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, BERNARD	1.2 NAME	
STREET ADDRESS	18541 NW 8TH RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, WILLIAM	2.2 NAME	
STREET ADDRESS	2940 N.W. 66TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALSELL, PATRICIA	3.2 NAME	
STREET ADDRESS	17130 NW 19TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33056	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, FRED A	4.2 NAME	SD
STREET ADDRESS	2265 NW 93RD TERR	4.3 STREET ADDRESS	Pearl Broadnax
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	781 N.W. 77 St.
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, FREDDIE	5.2 NAME	
STREET ADDRESS	16415 N.W. 27TH COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willie Nighthower	6.2 NAME	
STREET ADDRESS	2775 NW 60th	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33142	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE ENCLOSED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)