FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -5 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47949 (5)

1. Corporation Name

HOLY FAITH MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
17001 NW 20TH AVENUE MIAMI FL 33056	17001 NW 20TH AVENUE MIAMI FL 33056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0322534 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

WILLIAMS, GREGORY
1000 NW 182ND ST.
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: FL 85 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR	1.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR ISRAEL	1.2 NAME	
STREET ADDRESS	2025 NW 173 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☒ Change ☐ Addition
NAME	HALL FRANCES	2.2 NAME	T EARNESTINE J. PERSON
STREET ADDRESS	15900 BUNCHE PK SC DR	2.3 STREET ADDRESS	19801 N. W. 33rd AVENUE
CITY-ST-ZIP	OPA LOCKA FL	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33056
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	MCCORMICK, MARY	3.2 NAME	D JAMES BROWN
STREET ADDRESS	1871 NW 185 STREET	3.3 STREET ADDRESS	1240 SHARAZAD BLVD
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	OPA LOCKA, FLORIDA 33054
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	F FELICIA ILLIOMME
STREET ADDRESS		4.3 STREET ADDRESS	3947 N. W. 207th STREET ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33055
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 addition.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000020