

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/19/1992

3a. Date of Last Report

04/05/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**WILLIAMS, GREGORY
1000 NW 182ND ST.
MIAMI FL 33169**

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 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 ☐ DELETE

NAME **TR
TAYLOR ISRAEL**
STREET ADDRESS **2025 NW 173 TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **T
EARNESTINE J PERSON**
STREET ADDRESS **19801 N.W. 33RD AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D
JAMES BROWN**
STREET ADDRESS **1240 SHARAZAD BLVD**
CITY-ST-ZIP **OPA LOCKA FL**

TITLE ☒ DELETE

NAME **F
LIOMME, FELICIA**
STREET ADDRESS **3947 NW 207TH STREET ROAD**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **TR
LYONS JR., IRVIN**
1.3 STREET ADDRESS **3051 N.W. 186 TERRACE**
1.4 CITY-ST-ZIP **OPA LOCKA, FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **T
EDWARD TYNESE**
2.3 STREET ADDRESS **3932 N.W. 170 STREET**
2.4 CITY-ST-ZIP **OPA LOCKA, FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **F
BENNETT MALINDA**
3.3 STREET ADDRESS **7758 LASALLE BLVD.**
3.4 CITY-ST-ZIP **MIRAMAR, FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **D
TAYLOR ISRAEL**
4.3 STREET ADDRESS **2025 N.W. 173 TERRACE**
4.4 CITY-ST-ZIP **OPA LOCKA, FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(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 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:

Irvin Lyons Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 26, 1996 (305) 880-2274
Date Daytime Phone #

CR2E037 (12/95)