


FILE NOW: FILING FEE IS \$61.25

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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47949** (5)

1. Corporation Name

HOLY FAITH MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business 17001 NW 20TH AVENUE MIAMI FL 33056	Mailing Address 17001 NW 20TH AVENUE MIAMI FL 33056-4826
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3. Date Incorporated or Qualified 03/19/1992	3a. Date of Last Report 06/03/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0322534	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			


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	
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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 TR	<input checked="" type="checkbox"/> DELETE	1.1 TITLE TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TAYLOR ISRAEL		1.2 NAME LYONS JR., IRVIN	
STREET ADDRESS 2025 NW 173 TERRACE		1.3 STREET ADDRESS 3051 nw 186th TERR.	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP OPA LOCKA, FL 33056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T	<input type="checkbox"/> DELETE	2.1 TITLE PS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EDWARD TYNESE		2.2 NAME BENNETT MALINDA	
STREET ADDRESS 3932 NW 170TH ST		2.3 STREET ADDRESS 7758 LASALLE BLVD.	
CITY-ST-ZIP OPA LOCKA FL		2.4 CITY-ST-ZIP MIRAMAR, FL 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAMES BROWN		3.2 NAME JAMES BROWN	
STREET ADDRESS 1240 SHARAZAD BLVD		3.3 STREET ADDRESS 1240 SHARAZAD BLVD.	
CITY-ST-ZIP OPA LOCKA FL		3.4 CITY-ST-ZIP OPA LOCKA, FL 33054	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR ISRAEL		4.2 NAME EDWARD TYNESE	
STREET ADDRESS 2025 NW 173RD TERRACE		4.3 STREET ADDRESS 3932 NW 170th ST.	
CITY-ST-ZIP OPA LOCKA FL		4.4 CITY-ST-ZIP OPA LOCKA, FL 33055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		5.1 TITLE C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		5.2 NAME CARRIE MAYES	
STREET ADDRESS <input type="checkbox"/> DELETE		5.3 STREET ADDRESS 3912 NW 168th TERR.	
CITY-ST-ZIP <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP OPA LOCKA, FL 33055	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> DELETE	
NAME <input type="checkbox"/> DELETE		6.2 NAME <input type="checkbox"/> DELETE	
STREET ADDRESS <input type="checkbox"/> DELETE		6.3 STREET ADDRESS <input type="checkbox"/> DELETE	
CITY-ST-ZIP <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	

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 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:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 4, 1997
Date

Daytime Phone # 0025102

CR2E037 (9/96)