

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/19/1992	
4. FEI Number 65-0322534	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILLIAMS, GREGORY 1000 NW 182ND ST. MIAMI FL 33169	
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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 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	
TITLE	TR <input type="checkbox"/> DELETE
NAME	LYONS, IRVIN J
STREET ADDRESS	3051 N.W. 188TH TERR
CITY-ST-ZIP	OPA LOCKA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	EDWARD TYNESE
STREET ADDRESS	3932 N2 170TH ST
CITY-ST-ZIP	OPA LOCKA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JAMES BROWN
STREET ADDRESS	1240 SHARAZAD BLVD
CITY-ST-ZIP	OPA LOCKA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BROWN, JAMES
STREET ADDRESS	1240 SHARAZAD BLVD
CITY-ST-ZIP	OPA LOCKA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33056
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33055
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAMS, GREGORY
3.3 STREET ADDRESS	1000 NW 182nd STREET
3.4 CITY-ST-ZIP	MIAMI, FL 33169
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33054
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BENNETT, ERNEST
5.3 STREET ADDRESS	7758 LASALLE BLVD.
5.4 CITY-ST-ZIP	MIRAMAR, FL 33023
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TAYLOR, ISRAEL
6.3 STREET ADDRESS	2025 NW 173rd TERRACE
6.4 CITY-ST-ZIP	OPA LOCKA, FL 33056

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.

SIGNATURE: *[Signature]* **GREGORY WILLIAMS** 1/18/98 (305) 621-5187

CR2E037 (10/97)