


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90038 001 ****70.00

0025645

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47949					
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/19/1992 4. FEI Number 65-0322534 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 WILLIAMS, GREGORY 82 Street Address (P.O. Box Number is Not Acceptable) 16269 SW 16th STREET 83 PEMBROKE PINES, FLORIDA 84 City FL 85 Zip Code 33027		
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 <i>Gregory Williams</i> DATE 6-2-99 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE TR <input checked="" type="checkbox"/> DELETE NAME LYONS, IRVIN STREET ADDRESS 3051 N.W. 186TH TERR CITY-ST-ZIP OPA LOCKA FL 33056			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME S 1.3 STREET ADDRESS Williams, Shelly 1.4 CITY-ST-ZIP 4451 NW 171st Street		
TITLE T <input checked="" type="checkbox"/> DELETE NAME EDWARD TYNESE STREET ADDRESS 3932 N2 170TH ST CITY-ST-ZIP OPA LOCKA FL 33055			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME HAND, REBECCA 2.3 STREET ADDRESS 265 SE 21st STREET 2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33316		
TITLE P <input type="checkbox"/> DELETE NAME WILLIAMS, GREGORY STREET ADDRESS 1000 NW 182 ND ST CITY-ST-ZIP MIAMI FL 33169			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME BROWN, JAMES STREET ADDRESS 1240 SHARAZAD BLVD CITY-ST-ZIP OPA LOCKA FL 33054			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME BENNETT, ERNEST STREET ADDRESS 7758 LASALLE BLVD CITY-ST-ZIP MIRAMAR FL 33023			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME TAYLOR, ISRAEL STREET ADDRESS 2025 NW 173RD TERRACE CITY-ST-ZIP OPA LOCKA FL 33056			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

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

6-2-99 **305 880-2274**
Date Daytime Phone #

CR2E037 (11/98)