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Mar 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N48492 (5)

1. Corporation Name

TRUE FAITH MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

1890 NW 47 TERR
MIAMI FL 33142

1890 NW 47 TERR
MIAMI FL 33142-4050



3. Date Incorporated or Qualified
04/22/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0396674

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DODSON, WILLIE DOTSON, WILLIE
2221 NW 95TH STREET
MIAMI FL 33147

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME DOTSON, WILLIE
STREET ADDRESS 2221 NW 95TH STREET
CITY-ST-ZIP MIAMI FL 33147

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME MCRAE, WILLIE
STREET ADDRESS 2124 NW 42ND STREET
CITY-ST-ZIP MIAMI FL 33142

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME BOSTICK, LILLIE ANN
STREET ADDRESS 919 NW 47TH STREET
CITY-ST-ZIP MIAMI FL 33127

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Secretary
3.3 STREET ADDRESS Carrie Williams
3.4 CITY-ST-ZIP 4250 NW 168th Terrace
Miami, Florida 33055

TITLE TD ☐ DELETE
NAME DAVIS, CLAUDIUS
STREET ADDRESS 15110 NE 12TH AVENUE
CITY-ST-ZIP NORTH MIAMI BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME JUANITA GREER
STREET ADDRESS 912 SW 24TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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: *Willie Dotson* 2/20/97

305-633-8534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 022921

CR2E037 (9/96)