FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
98 NOV 23 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Date Incorporated or Qualified: 04/22/1992

4. FEI Number: 65-0396674 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DOTSON, WILLIE
2221 NW 95TH STREET
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 1485 N.W. 40 Street

83

84 City Miami FL 85 Zip Code 33142

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	DOTSON, WILLIE		1.2 NAME		
STREET ADDRESS	2221 NW 95TH STREET		1.3 STREET ADDRESS	1485 N.W. 40 St.	
CITY-ST-ZIP	MIAMI FL 33147		1.4 CITY-ST-ZIP	Miami, FL 33142	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	MCRAE, WILLIE		2.2 NAME	Winifred D. Oates	
STREET ADDRESS	2124 NW 42ND STREET		2.3 STREET ADDRESS	2334 N.W. 82 St	
CITY-ST-ZIP	MIAMI FL 33142		2.4 CITY-ST-ZIP	Miami FL 33147-4842	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, CARRIE		3.2 NAME	000002703740--T	
STREET ADDRESS	4250 N.W. 168TH TERRACE		3.3 STREET ADDRESS	-12/04/98--01103--012	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	*****70.00 *****70.00	
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, CLAUDIUS		4.2 NAME		
STREET ADDRESS	15110 NE 12TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME			5.2 NAME	Boges, Isiah	
STREET ADDRESS			5.3 STREET ADDRESS	3085 Ohio Street	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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] SIGNATURE REQUIRED 8/28/98 (305)633-8534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)