FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N93000001964 (6)

1. Corporation Name
FRATERNITY BAPTIST CHURCH, INC.

Principal Place of Business
74 N.E. 75 STREET
MIAMI FL 33138

Mailing Address
74 N.E. 75 STREET
MIAMI FL 33138

3. Date Incorporated or Qualified: 04/29/1993
3a. Date of Last Report: 07/10/1995
4. FEI Number: 65-0410171 — Applied For / Not Applicable

2. Principal Place of Business
21 13300 N.E. 7th Ave.
Suite, Apt. #, etc
22
City & State
23 Miami Fla.
Zip 24 33161 Country 25 U.S.A.

2a. Mailing Address
26 13300 N.E. 7th Ave.
Suite, Apt. #, etc
27
City & State
28 Miami Fla.
Zip 29 33161 Country 30 U.S.A.

5. Certificate of Status Desired ☐ **$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**
ATHOURISTE, WISMY REV
12060 N.W. 3RD AVE.
MIAMI FL

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: Wismy Athouriste DATE: 4-24-96
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ATHOURISTE, WISMY	
STREET ADDRESS	12060 N.W. 3RD AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	EYMA, NELLY	
STREET ADDRESS	251 N.W. 67 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	JEAN-JACQUES, VASQUEZ	
STREET ADDRESS	813 SW 9TH ST., #B	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	☐ DELETE
NAME	TIMOTHE, WILLY	
STREET ADDRESS	340 N.W. 116 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Wismy Athouriste 4-24-96 (305)-688-1080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)