2008 NOT-FUR-PROFIT-CURPURATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # N93000001964 **FILED** FRATERNITY BAPTIST CHURCH, INC. Jul 16, 2008 08:00 AM **Secretary of State** Principal Place of Business Mailing Address 13300 NE 7TH AVE 13300 NE 7TH AVE MIAMI FL 33161 MIAMI FL 33161 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 2nd MOORE CR2E037 (4/08) City & State City & State 4. FEI Number Applied For 65-0410171 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ATHOURISTE, WISMY REV 511 NW 96 TERRACE PEMBROKE PINES FL 33024 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or minted name of registered agent and title if applicable. (NOTE, Registered Agont signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 3, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Change Addition U00000955068 ATHOURISTE, WISMY NAME 511 NW 96 TERRACE 07/16/08-80001-020 70.00 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP CITY-ST-ZIP TIT! E ☐ Delete TITLE Change ☐ Addition EYMA, NELLY NAME NAME 251 N.W. 67 STREET STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE Change Addition JEAN-JACQUES, VASQUEZ NAME NAME STREET ADDRESS 813 SW 9TH ST., #B STREET ADDRESS HALLANDALE FL CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete TITLE ☐ Change Addition NAME TIMOTHE, WILLY NAME STREET ADDRESS 340 N.W. 116 ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

305-308-5221