


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 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 # **N93000004306 (7)**

1. Corporation Name

NEW BAPTIST CHURCH OF DADE COUNTY FLORIDA, INC.

Principal Place of Business

Mailing Address

**20000 NW 47TH AVE.
MIAMI FL 33055**

**%ROBERT MOSS
20341 NE 15TH AVE.
NORTH MIAMI BEACH FL 33179-5105**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1993		3a. Date of Last Report 04/09/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0439172		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOSS, ROBERT REV
20341 NE 15TH AVE.
NORTH MIAMI BEACH FL 33179**

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, ROBERT REV	1.2 NAME	
STREET ADDRESS	20341 NE 15TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33179	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, AUDREY	2.2 NAME	
STREET ADDRESS	20341 NE 15TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33179	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROSLIN, BEVERLY	3.2 NAME	Director, Robert
STREET ADDRESS	981 NW 201ST ST.	3.3 STREET ADDRESS	Abner, Robert
CITY - ST - ZIP	MIAMI FL 33169	3.4 CITY - ST - ZIP	1734 NW 141 street
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRO, DANTE	4.2 NAME	
STREET ADDRESS	4928 SW 90 AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, LUCILLE	5.2 NAME	
STREET ADDRESS	16431 NW 21 AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL	5.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERA, NORMA	6.2 NAME	
STREET ADDRESS	6035 WILEY ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33023	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:

Rev Robert Moss (REVER Robert Moss) 4/6/97 (305) 652-0664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033239

CR2E037 (9/96)