

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004306 (7)**

1. Corporation Name

**NEW BAPTIST CHURCH OF DADE COUNTY FLORIDA, INC.**



Principal Place of Business <b>20000 NW 47TH AVE. MIAMI FL 33055</b>		Mailing Address <b>%ROBERT MOSS 20341 NE 15TH AVE. NORTH MIAMI BEACH FL 33179</b>		3. Date Incorporated or Qualified <b>09/20/1993</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>65-0439172</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MOSS, ROBERT REV 20341 NE 15TH AVE. NORTH MIAMI BEACH FL 33179</b>				10. Name and Address of New Registered Agent	
<b>81</b> Name					
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)					
<b>83</b>					
<b>84</b> City				<b>FL</b>	<b>85</b> 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 \_\_\_\_\_ (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 type="checkbox"/> Addition		
NAME	ROBEN, ABNER			3.2 NAME			
STREET ADDRESS	734 NW 141 STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	S	<input checked="" 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	18431 NW 21 AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	OPA LOCKA FL			5.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 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* *Rev. Robert Moss* 4/1/98 (305) 652-0664

CR2E037 (10/97)