

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUN 15 PM 2:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # N94000001561 (9)**

1. Corporation Name  
**WEST KENDALL BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address  
**14771 SW 77 ST MIAMI FL 33193**      **14771 SW 77 ST MIAMI FL 33193**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/30/1994</b>	3a. Date of Last Report <b>3/30/94</b>
4. FEI Number <b>65-0490324</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>15655 SW 88 Street</b>	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State <b>Miami Florida</b>	City & State
23	28
Zip <b>33196</b>	Country <b>USA</b>
24	25
Country	Zip
29	30

8. Name and Address of Current Registered Agent

**BENSON, TIM**  
**14771 SW 77 ST**  
**MIAMI FL 33193**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

TITLE	<b>CD</b>
NAME	<b>SLICHTER, VALERIA J</b>
STREET ADDRESS	<b>12292 SW 31 TERR</b>
CITY - ST - ZIP	<b>MIAMI FL 33175</b>
TITLE	<b>D</b>
NAME	<b>LAW, WASH P</b>
STREET ADDRESS	<b>13515 SW 110 TERR</b>
CITY - ST - ZIP	<b>MIAMI FL 33186</b>
TITLE	<b>SD</b>
NAME	<b>BROD, LAWRENCE R</b>
STREET ADDRESS	<b>12810 SW 25 TERR</b>
CITY - ST - ZIP	<b>MIAMI FL 33174</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>30000151561-06/16/95-01080-015</b>
12 NAME	<b>*****70.00 *****70.00</b>
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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: Wash P Law      6/13/95      305-385-3729  
(Signature and typed or printed name of signing officer or director)      Date      Daytime Phone #

CR2E037 (3/95)