

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 # **N95000000758 (1)**

1. Corporation Name

**GREAT COMMISSION MISSIONARY BAPTIST CHURCH, INC.
OF MIAMI, FLORIDA**



Principal Place of Business

Mailing Address

**17700 N.W. 55TH COURT
MIAMI FL 33055**

**17700 N.W. 55TH COURT
MIAMI FL 33055**

3. Date Incorporated or Qualified

02/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0565106

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**GRIFFIN, FRANKLIN
17700 N.W. 55TH COURT
MIAMI FL 33055**

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 **Franklin Griffin**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-96

OFFICERS AND DIRECTORS

13.

ADDITIONAL NAMES OF OFFICERS OR DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**REED, LOUIS C REV.
2345 N.W. 162ND STREET
MIAMI FL 33054**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**3000001755555
-04/02/96--01007--097
***61.25**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**HOLMES, JACK DEACON
4230 NW 191ST STREET
MIAMI FL 33055**

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**D Johnnie Ashe
6311 N.W. 201st Street
Carol City, FL 33056**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**HOLMES, THELMA
4230 NW 191ST STREET
MIAMI FL 33055**

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**D Thelma J. Smith
1661 N.W. 22nd Place
Miami, FL 33054**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**MILTON, ERNEST DEACON
18915 N.W. 48TH PLACE
MIAMI FL 33055**

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**D Willie Lockett
7200 Coral Blvd.
Miramar, FL 33023**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**MILTON, MYRTICE
18915 N.W. 48TH PLACE
MIAMI FL 33055**

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

**D Charles Harris
20801 N.W. 30th Court
Carol City, FL 33056-1303**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**GRIFFIN, FRANKLIN MR.
17700 N.W. 55TH COURT
MIAMI FL 33055**

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D Franklin Griffin

☐ Change ☐ Addition

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: **Franklin Griffin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/TIME PHONE #

2-6-96

56

CR2E037 (12/95)