

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003548 (3)

1. Corporation Name

SHADY GROVE MISSIONARY BAPTIST CHURCH, INC



Principal Place of Business

2850 S.W. 27th Ave
3715 MAIN HIGHWAY
MIAMI FL 33133

Mailing Address

P.O. Box 774
3715 MAIN HIGHWAY
MIAMI FL 33133

2. Principal Place of Business

21 2850 S.W. 27th Ave

2a. Mailing Address

26 P.O. Box 774

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33133

Country

25 Dade

Zip

29 33133

Country

30 Dade

9. Name and Address of Current Registered Agent

PORCHER, MAGGIE
3553 HIBISCUS ST.
MIAMI FL 33143

3. Date Incorporated or Qualified

07/24/1995

3a. Date of Last Report

4. FEI Number

65-0601269

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

10. Name and Address of New Registered Agent

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, hereby accept the appointment as registered agent. I am familiar with; and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Maggie B. Porcher Financial Secretary

Maggie B. Porcher

5/1/96

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

DATE Registered Agent Signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CRAWFORD, JOHN
STREET ADDRESS 3068 CARTER ST.
CITY-ST-ZIP MIAMI FL 33133

TITLE VD ☒ DELETE

NAME CUE, MARION
STREET ADDRESS 3855 NW 168 ST.
CITY-ST-ZIP MIAMI FL 33169

TITLE SD ☐ DELETE

NAME PORCHER, MAGGIE
STREET ADDRESS 3553 HIBISCUS ST.
CITY-ST-ZIP MIAMI FL 33133

TITLE TD ☐ DELETE

NAME KENDRICK, CHARLIE
STREET ADDRESS 6151 SW 62 PL.
CITY-ST-ZIP MIAMI FL 33143

TITLE D ☒ DELETE

NAME JENKINS, JONNIFER
STREET ADDRESS 3316 CHARLES AVEY
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☐ DELETE

NAME FERGUSON, WILLIAM
STREET ADDRESS 15000 SW 105 CT.
CITY-ST-ZIP MIAMI FL 33174

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ 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 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:

John L. Crawford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

305-448-1686

CS 6117196

CR2E037 (12/95)