

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 03 1997 8:00am
Secretary of State

DOCUMENT # **N95000003548 (3)**

1. Corporation Name

SHADY GROVE MISSIONARY BAPTIST CHURCH, INC

Principal Place of Business

**2850 SW 27TH AVE
MIAMI FL 33133**

Mailing Address

**P.O. BOX 774
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/24/1995

3a. Date of Last Report
06/17/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0601269

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PORCHER, MAGGIE
3553 HIBISCUS ST.
MIAMI FL 33143**

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

TITLE **PD** ☐ DELETE
NAME **CRAWFORD, JOHN**
STREET ADDRESS **3068 CARTER ST.**
CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE ☐ DELETE
NAME **Jones, Joyce**
STREET ADDRESS **14421 N.W. 13th Rd**
CITY-ST-ZIP **MIAMI, FL 33167**

TITLE ☐ DELETE
NAME **Jones, Joyce**
STREET ADDRESS **14421 N.W. 13th Rd**
CITY-ST-ZIP **MIAMI, FL 33167**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Porcher, Anthony**
1.3 STREET ADDRESS **3553 Hibiscus St**
1.4 CITY-ST-ZIP **MIAMI FL 33133**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Jones, Joyce**
2.3 STREET ADDRESS **14421 N.W. 13th Rd**
2.4 CITY-ST-ZIP **MIAMI, FL 33167**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E037 (4/97)