

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/24/1995	
4. FEI Number 65-0601269 <i>65-060-1269</i>	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business 103 Grand Ave	2a. Mailing Address P.O. Box 774		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
23. City & State Miami FL	28. City & State Miami, FL		
24. Zip 33133	25. Country Dade	29. Zip 33133	30. Country Dade

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**PORCHER, MAGGIE
3553 HIBISCUS ST.
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name Maggie Porcher		
82 Street Address (P.O. Box Number is Not Acceptable) 3553 Hibiscus St		
83		
84 City Miami	85 State FL	86 Zip Code 33133

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 *Maggie Porcher* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME CRAWFORD, JOHN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3068 CARTER ST.	CITY-ST-ZIP MIAMI FL 33133	1.2 NAME	
TITLE SD	NAME PORCHER, MAGGIE	1.3 STREET ADDRESS	
STREET ADDRESS 3553 HIBISCUS ST.	CITY-ST-ZIP MIAMI FL 33133	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME KENDRICK, CHARLIE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6151 SW 62 PL.	CITY-ST-ZIP MIAMI FL 33143	2.2 NAME	
TITLE D	NAME FERGUSON, WILLIAM	2.3 STREET ADDRESS	
STREET ADDRESS 15000 SW 105 CT.	CITY-ST-ZIP MIAMI FL 33174	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME PORCHER, ANTHONY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3553 HIBISCUS ST	CITY-ST-ZIP MIAMI FL	3.2 NAME	
TITLE D	NAME JONES, JOYCE	3.3 STREET ADDRESS	
STREET ADDRESS 14421 NW 13TH RD	CITY-ST-ZIP MIAMI FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME FERGUSON, WILLIAM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15000 SW 105 CT.	CITY-ST-ZIP MIAMI FL 33174	4.2 NAME	
TITLE D	NAME PORCHER, ANTHONY	4.3 STREET ADDRESS	
STREET ADDRESS 3553 HIBISCUS ST	CITY-ST-ZIP MIAMI FL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME JONES, JOYCE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14421 NW 13TH RD	CITY-ST-ZIP MIAMI FL	5.2 NAME	
TITLE D	NAME FERGUSON, WILLIAM	5.3 STREET ADDRESS	
STREET ADDRESS 15000 SW 105 CT.	CITY-ST-ZIP MIAMI FL 33174	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME PORCHER, ANTHONY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3553 HIBISCUS ST	CITY-ST-ZIP MIAMI FL	6.2 NAME	
TITLE D	NAME JONES, JOYCE	6.3 STREET ADDRESS	
STREET ADDRESS 14421 NW 13TH RD	CITY-ST-ZIP MIAMI FL	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Maggie Porcher* 4/20/98

CR2E037 (1097)