

**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 # N95000006046 (5)**

1. Corporation Name  
**NEW SAINT PAUL MISSIONARY BAPTIST CHURCH OF MIAMI I, FLORIDA, INC.**



Principal Place of Business  
**254 NW 43RD STREET  
MIAMI FL 33127**

Mailing Address  
**254 NW 43RD STREET  
MIAMI FL 33127**

3. Date Incorporated or Qualified  
**11/27/1995**

3a. Date of Last Report

2. Principal Place of Business  
21 **5598 NW 7th Ave**  
Suite, Apt. #, etc.

22  
City & State  
23 **Miami Fl**

24 **33127** 25 **US**  
Zip Country

9. Name and Address of Current Registered Agent

**SOLOMON, PAULINE  
4401 NW 2ND AVENUE  
MIAMI FL 33127**

26  
Suite, Apt. #, etc.

27  
City & State

28  
Zip Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE **PD**  DELETE  
NAME **JOHNSON, ROOSEVELT REV.**  
STREET ADDRESS **254 NW 43RD STREET**  
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **D**  DELETE  
NAME **JONES, JERRY**  
STREET ADDRESS **9135 NW 4TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **TD**  DELETE  
NAME **SOLOMON, PAULINE**  
STREET ADDRESS **75 NW 88TH STREET**  
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **D**  DELETE  
NAME **PRUDENT, LONNIE**  
STREET ADDRESS **16198 NE 9TH PLACE**  
CITY-ST-ZIP **MIAMI FL 33162**

TITLE **D**  DELETE  
NAME **BENNETT, MILDRED**  
STREET ADDRESS **17809 NW 7TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33167**

TITLE  DELETE  
NAME  
STREET ADDRESS  
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: *Pauline Salomon* **Pauline Salomon** 4-21-96 375-1739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

SG 4-26-96