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**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90204 024 \*\*\*\*70.00

0031920

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N95000006046**

1. Corporation Name

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

Principal Place of Business

Mailing Address

5598 N.W. 7TH AVE  
 MIAMI FL 33127

9135 N.W. 4TH AVE.  
 MIAMI FL 33138



2. Principal Place of Business

2a. Mailing Address

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**APPLIED FOR**

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

**JERRY JONES**

82 Street Address (P.O. Box Number is Not Acceptable)

**9135 N. W. 4th Ave.**

83

**MIAMI, FLA 33138**

84 City

**MIAMI, FLA 33138**

**FL**

85 Zip Code  
**33138**

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

*JERRY JONES SR.*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reappointing)

**3-28-99**  
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

3.1 TITLE  Change  Addition  
 3.2 NAME **PATRICIA BECK**  
 3.3 STREET ADDRESS **1200 Tollwood Avenue #308**  
 3.4 CITY-ST-ZIP **Hollywood, Fla 33021**

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

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

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

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

*JERRY JONES SR.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (11/98)