

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Oct 01, 2004  
Secretary of State**

DOCUMENT# 700949

Entity Name: NEW SEVENTY-NINTH STREET BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

2275 N W 79TH STREET  
MIAMI, FL 331474925

**New Principal Place of Business:**

**Current Mailing Address:**

2275 N W 79TH STREET  
MIAMI, FL 331474925

**New Mailing Address:**

FEI Number: 59-0711185      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, TWYLA  
8425 NW 23 AVE  
MIAMI, FL 33147 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JOHNSON, TWYLA  
Address: 8425 NW 23 AVE  
City-St-Zip: MIAMI, FL 33147

Title: SD ( ) Delete  
Name: DAVIS, YOLANDA  
Address: 1156 SHARAR AVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: YOUNG, ROBERT  
Address: 19550 NW 4 AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: YOUNG, ELAINE  
Address: 19500NW 4 AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: D (X) Delete  
Name: DAVIS, ANNIE  
Address: 3922 NW 170 ST.  
City-St-Zip: CAROL CITY, FL 33055

Title: D ( ) Delete  
Name: JACKSON, MARLA  
Address: 4480 NE 171 TR.  
City-St-Zip: CAROL CITY, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: DAVIS, YOLANDA  
Address: 1450 S.W. 88TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TWLYA JOHNSON

PD

10/01/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date