


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90047 001 ****61.25

DOCUMENT # 700949					
1. Entity Name NEW SEVENTY-NINTH STREET BAPTIST CHURCH, INC.					
Principal Place of Business 2275 N W 79TH STREET MIAMI, FL 33147-4925			Mailing Address P.O. BOX 470365 MIAMI, FL 33247-0365		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0711185	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
YOUNG, ROBERT 5370 SW 130TH TERRACE MIRAMAR, FL 33027-5411				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State: FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, ROBERT			NAME	YOUNG, JOHNNIE E.
STREET ADDRESS	5310 SW 130TH TERRACE			STREET ADDRESS	5310 SW 130th TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33027			CITY-ST-ZIP	MIRAMAR, FL. 33027
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKSON, CAROLYN			NAME	MITCHELL, AURORA C.
STREET ADDRESS	19201 EAST OAKMONT DRIVE			STREET ADDRESS	5035 N.W. 189th TERRACE
CITY-ST-ZIP	MIAMI, FL 33015			CITY-ST-ZIP	CAROL CITY, FL. 33055
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, TWYLA			NAME	
STREET ADDRESS	929 NE 199TH STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33179			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTY, SUSIE			NAME	
STREET ADDRESS	19545 N.W. 5TH AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI GARDENS, FL 33169			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOINS, GLADYS			NAME	
STREET ADDRESS	20111 NW 43RD COURT			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33055			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: AURORA C. MITCHELL				Date: 4/30/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 786 333-6825	

40096400



04102007 Chg-NP CR2E037 (12/06)

Applied For Not Applicable

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SIGNATURE: AURORA C. MITCHELL

Date: 4/30/07

Daytime Phone #: 786 333-6825