


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90177 025 ****70.00

DOCUMENT # 714085					
1. Entity Name MEMORIAL TEMPLE MISSIONARY BAPTIST CHURCH, INC.					
Principal Place of Business 16600 N W 44 CT OPA LOCKA FL 33054-6035			Mailing Address 16600 N W 44 CT OPA LOCKA FL 33054-6035		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2159884	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COX REV., ELLISE 2430 N.W. 183RD ST MIAMI FL 33056			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, RONNIE L		NAME	WILLIAMS, MARY A.	
STREET ADDRESS	421 NW 201 AVENUE		STREET ADDRESS	18761 N.W. 39 CT.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029		CITY-ST-ZIP	Miami, FL 33054	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOMAN, FAYE		NAME		
STREET ADDRESS	255 N.W. 189TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIRRUP, LUCILLE		NAME		
STREET ADDRESS	5215 N.W. 29TH CT.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP		
TITLE	CTR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, SHELTON		NAME		
STREET ADDRESS	18431 NW 39TH CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33056		CITY-ST-ZIP		
TITLE	TRC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAGGARD, MOSES		NAME		
STREET ADDRESS	4501 N.W. 171TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAISE, ROBERT		NAME		
STREET ADDRESS	17111 NW 42ND PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		

12. 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 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: *Lucille Stirrup* **LUCILLE STIRRUP** *305 638 4421*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *3-3-05* Daytime Phone #