

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90153 002 \*\*\*\*70.00

**DOCUMENT # 714085**  
 1. Entity Name  
**MEMORIAL TEMPLE MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business Mailing Address  
 16600 N W 44 CT 16600 N W 44 CT  
 OPA LOCKA FL 33054-6035 OPA LOCKA FL 33054-6035



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-2159884** Applied For Not Applicable  
 5. Certificate of Status Desired  \$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  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUNTER, RONNIE L	
STREET ADDRESS	421 NW 201 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARY A	
STREET ADDRESS	18761 NW 39 CT	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STIRRUP, LUCILLE	
STREET ADDRESS	5215 N.W. 29TH CT.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	CTR	<input checked="" type="checkbox"/> Delete
NAME	HILL, SHELTON	
STREET ADDRESS	18431 NW 39TH CT	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	TRC	<input checked="" type="checkbox"/> Delete
NAME	THAGGARD, MOSES	
STREET ADDRESS	4501 N.W. 171TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAISE, ROBERT	
STREET ADDRESS	17111 NW 42ND PL	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOMAN, Faye	
STREET ADDRESS	2853 S.W. 176 WAY	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, CLAUDE	
STREET ADDRESS	4450 N.W. 178 ST MIAMI FL 33055	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JACQUETINE	
STREET ADDRESS	494 N.W. 105 ST RD.	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINKFIELD, ARTIE	
STREET ADDRESS	18110 N.W. 25 Avenue MIAMI, FL 33056	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lucille Stirrup, Treasurer* 4-18-06 305 628-0700