

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90023 032 ****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 - No P.O. Box #
16600 N.W. 44th Ct.
 Suite, Apt. #, etc. 3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State *Miami (opa locka) FL*
 Zip *33054* Country Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLOMAN, FAYE 2853 SW 176TH WAY MIRAMAR FL 33029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, MARY A 18761 NW 39 CT MIAMI FL 33054 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STIRRUP, LUCILLE 5215 N.W. 29TH CT. MIAMI FL 33142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BANKS, CLAUDE 4450 NW 178TH ST MIAMI FL 33055 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JONES, JACQUELINE 494 NW 165TH ST RD MIAMI FL 33169 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SINKFIELD, ARTIE 18110 NW 25TH AVE MIAMI FL 33056 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gail Sutton, Clotman 3940 N.W. 187th St. Miami, Fla. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jimmie Jones 3585 S.W. 69th Ave Mirimar, Fla. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thurgood, Moses Chairman Dec. 4501 N.W. 171 Terr. Miami, Fla. 33054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 - Lucille Stirrup* 2/19/07 305-638-4421