


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2159884	Applied For Not Applicable
5. Certificate of Status Desired <input 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

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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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

000000218328
 02/15/08-80038-005 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLOMAN, FAYE 2853 SW 176TH WAY MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLOTMAN, GAIL S 3940 NW 187TH ST. MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STIRRUP, LUCILLE 5215 N.W. 29TH CT. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, JIMMIE 3585 SW 69TH AVE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR THAJGARD, MOSES 4501 NW 171 TERR. MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SINKFIELD, ARTIE 18110 NW 25TH AVE MIAMI, FL 33056

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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: *Lucille Stirrup, Treasurer* 2-4-08 305 6280700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #