2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714085

FILED Apr 18, 2011 Secretary of State

Entity Name: MEMORIAL TEMPLE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

16600 N W 44 CT

OPA LOCKA, FL 330546035

Current Mailing Address: New Mailing Address:

16600 N W 44 CT OPA LOCKA, FL 330546035

FEI Number: 59-2159884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COX REV., ELLISE 2430 N.W. 183RD ST MIAMI, FL 33056 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 JONES, JIMMIE

 Address:
 3585 SW 69TH AVENUE

 City-St-Zip:
 MIAMI, FL 33055

Title: S

Name: CLOTMAN, GAIL S Address: 3940 NW 187TH ST. City-St-Zip: MIAMI, FL 33054

Title: TD

Name: STIRRUP, LUCILLE Address: 5215 N.W. 29TH CT. City-St-Zip: MIAMI, FL 33142

Title: VP

 Name:
 JONES, JIMMIE

 Address:
 3585 SW 69TH AVE

 City-St-Zip:
 MIAMI, FL 33055

Title: TF

Name: THAJGARD, MOSES Address: 4501 NW 171 TERR. City-St-Zip: MIAMI, FL 33054

Title: TF

 Name:
 SINKFIELD, ARTIE

 Address:
 18110 NW 25TH AVE

 City-St-Zip:
 MIAMI, FL 33056

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUCILLE STIRRUP TD 04/18/2011