

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714085

FILED  
Feb 19, 2012  
Secretary of State

**Entity Name:** MEMORIAL TEMPLE MISSIONARY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

16600 N W 44 CT  
OPA LOCKA, FL 330546035

**New Principal Place of Business:**

**Current Mailing Address:**

16600 N W 44 CT  
OPA LOCKA, FL 330546035

**New Mailing Address:**

**FEI Number:** 59-2159884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

Title: TR  
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, TREASURER

TR

02/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date