

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90002 031 ****61.25

DOCUMENT # 720505

1. Entity Name

93 ST. COMMUNITY MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

2330 N.W. 93RD STREET
 MIAMI FL 33147

Mailing Address

2330 N.W. 93RD STREET
 MIAMI FL 33147

04068679



MOORE CR2E037 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0014830

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, CARL
 2264 SW 182 WAY
 MIRAMAR FL 33029

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PC	<input type="checkbox"/> Delete
NAME	JOHNSON, CARL REV	
STREET ADDRESS	2264 SW 182 WAY	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WITHERSPOON, CLYDE	
STREET ADDRESS	2251 NW 90TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ROSS, MOTHER CORA	
STREET ADDRESS	2280 NW 96 ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, EPHRAIM	
STREET ADDRESS	17331 N.W. 32ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FERNIE JOHNSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2320 N.W. 92 ST	
STREET ADDRESS	MIAMI FLA 33147	
CITY-ST-ZIP		
TITLE	ELLA K. WRIGHT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2234 S.W. 164 AVE	
STREET ADDRESS	MIRAMAR FLA. 33027	
CITY-ST-ZIP		
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

7/26/2004

Date

305-836-0942

Daytime Phone #