

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003066

FILED
Mar 07, 2005
Secretary of State

Entity Name: NORTH HIALEAH BAPTIST CHURCH, INC.

Current Principal Place of Business:

5800 PALM AVE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

5800 PALM AVE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 59-0774197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, DANIEL
220 SW 65TH WAY
PEMBROKE PINES, FL 33023 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: D () Delete
Name: EIKENBERRY, JAMES
Address: 3180 W. 10TH AVE.
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: RAMOS, DANIEL
Address: 220 SW 65 WAY
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D () Delete
Name: WEEKS, LARRY
Address: 740 SW 61 AVE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: DAVENPORT, KEN
Address: 1219 N.W. 161 AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D (X) Delete
Name: MILLER, JIMMY
Address: 1255 W 49 PL #B112
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: ROSELLO, RENE G
Address: 12100 SW 271ST ST.
City-St-Zip: HOMESTEAD, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LARRY WEEKS

D

03/07/2005

Electronic Signature of Signing Officer or Director

Date