


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000005913

1. Entity Name
FIRST REDEEM MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business
880 N.W. 54 STREET
MIAMI, FL 33127

Mailing Address
880 N.W. 54 STREET
MIAMI, FL 33127



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

01132004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0736703

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MILLER, WILL H
16811 NW 24TH AVE
OPA-LOCKA, FL 33056

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARTER, RUBEN L REV P	
STREET ADDRESS	1500 NW 45 STREET	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, MARY GLORIA	
STREET ADDRESS	16811 N.E. 24 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	MILLER, WILL	
STREET ADDRESS	16811 NW 24TH AVE	
CITY-ST-ZIP	OPA LOCKA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, HENRY REV	
STREET ADDRESS	1874 SW 94TH TERR	
CITY-ST-ZIP	MIRMAR, FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, JANET E	
STREET ADDRESS	1500 NW 45TH STREET	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1100000042701	
CITY-ST-ZIP	02/10/04-80035-022 61.25	
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		
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)(f), 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 817, 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: _____ **1/13/04** **305-758-4200**
Signature, typed or printed name of SIGNER (OFFICER OR DIRECTOR) Date Daytime Phone #