

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004000

FILED
Apr 29, 2009
Secretary of State

Entity Name: MT. TEMPLE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

2356 N.W. 67 STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

MT. TEMPLE MB CHURCH
P O BOX 472711
MIAMI, FL 33247

New Mailing Address:

FEI Number: 65-0847383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, SAMMY T
1742 NW 51 TERR
MIAMI, FL 33142 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: DCPT () Delete
Name: DANIELS, SAMMY T
Address: 1742 NW 51 TERR
City-St-Zip: MIAMI, FL 33142

Title: DMT () Delete
Name: ROBERTS, GARRETT C JR.
Address: 17710 N W 14TH AVE
City-St-Zip: MIAMI, FL 33169

Title: TB () Delete
Name: BACON, KELVIN
Address: 1736 NW 56 ST
City-St-Zip: MIAMI, FL 33142

Title: DVTS () Delete
Name: TODD, SABRINA D
Address: 755 NW 178 TERR
City-St-Zip: MIAMI, FL 33169

Title: DMT () Delete
Name: HARRIS, JOEY
Address: 2445 N.W. 162 TERRACE
City-St-Zip: OPA LOCKA, FL 33054

Title: TB () Delete
Name: MILLER-COLEY, JENNIE
Address: 2356 NW 67 ST
City-St-Zip: MIAMI, FL 33147

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 exemption stated in Chapter 119, 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: SABRINA D. TODD

DVTS

04/29/2009

Electronic Signature of Signing Officer or Director

Date