2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N92000000061

1. Entity Name
BARUCH CHRISTIAN FELLOWSHIP MINISTRIES, INC.

Principal Place of Business	Mailing Address
730 N.E. 130 STREET MIAMI, FL 33161 US	730 N.E. 130 STREET MIAMI, FL 33161 US

03282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0370342
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PINDER, JULIEANN
130 N.W. 147 STREET
MIAMI, FL 33168

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	PINDER, PRINCEY
STREET ADDRESS	130 N.W. 147TH STREET
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	T
NAME	BARNES, PATRICIA
STREET ADDRESS	130 N.W. 147 STREET - UNIT #2
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	TR
NAME	BOWE, ROSE
STREET ADDRESS	14565 NORTHLAKE BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	TR
NAME	CAMPBELL, JOSEPHINE
STREET ADDRESS	130 N.W. 147TH ST.
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	P
NAME	PINDER, JULIEANN
STREET ADDRESS	130 N.W. 147 ST.
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/08-80070-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Julieann Pinder 3-31-08 (305) 769-0042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #