

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714085

Entity Name: MEMORIAL TEMPLE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

16600 N W 44 CT
OPA LOCKA, FL 33054-6035

Current Mailing Address:

16600 N W 44 CT
OPA LOCKA, FL 33054-6035

FEI Number: 59-2159884

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COX REV., ELLISE
2430 N.W. 183RD ST
MIAMI, FL 33056 US

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

Officer/Director Detail :

Title PRESIDENT
Name MCCRAY, SIDNEY
Address 780 NORTHWEST 178 TERRACE
City-State-Zip: MIAMI GARDENS FL 33169

Title SECRETARY
Name CLOTMAN, GAIL S
Address 3940 NW 187TH ST.
City-State-Zip: MIAMI FL 33054

Title TREASURER
Name WILSON, CINDY
Address 17111 NW 42 PLACE
City-State-Zip: MIAMI GARDENS FL 33055

Title VP
Name JONES, JIMMIE
Address 3585 SW 69TH AVE
City-State-Zip: MIAMI FL 33055

Title TRUSTEE
Name TENNYSON, CARLTON
Address 8561 WINDSOR DRIVE
City-State-Zip: MIRAMAR FL 33025

Title ASST. TREASURER
Name THAGGARD, MARY
Address 4501 NORTHWEST 171 TERRACE
City-State-Zip: MIAMI FL 33055

I hereby 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 all other like empowered.

SIGNATURE: CINDY WILSON

TREASURER

02/21/2021

Electronic Signature of Signing Officer/Director Detail

Date