

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000003867

Entity Name: THE PILGRIM REST MISSIONARY BAPTIST CHURCH OF MIAMI, INC.**FILED**
Apr 28, 2022
Secretary of State
0510368905CC**Current Principal Place of Business:**7510 NW 15TH AVENUE
MIAMI, FL 33147**Current Mailing Address:**7510 NW 15TH AVENUE
MIAMI, FL 33147 US**FEI Number: 81-2287156****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**GASKINS, JR., VAN REV.
20953 NW 37TH COURT
MIAMI GARDENS, FL 33055 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	PASTOR
Name	GASKINS, JR., VAN REV.
Address	20953 NW 37TH COURT
City-State-Zip:	MIAMI GARDENS FL 33055

Title	SECRETARY
Name	LATTERY, KIMMII
Address	14404 NW 15TH DRIVE
City-State-Zip:	MIAMI FL 33167

Title	CHAIRMAN, DEACON BOARD
Name	ELLIS, JOSEPH DEACON
Address	2290 NW 107TH STREET
City-State-Zip:	MIAMI FL 33167

Title	DEACONESS/ TRUSTEE
Name	HAYES, GLADYS
Address	540 NW 17TH STREET
City-State-Zip:	MIAMI FL 33136

Title	CHAIRMAN, TRUSTEE BOARD
Name	PEARSON, RICHARD S
Address	1817 NW 46 STREET
City-State-Zip:	MIAMI FL 33142

Title	DEACON/TRUSTEE, / TREASURE
Name	MCELWEE, EUGENE SR.
Address	1111 NW 75 ST
City-State-Zip:	MIAMI FL 33150

Title	DEACON
Name	CRUMMIE, SHANTON L
Address	1300 NW 2ND AVE #100
City-State-Zip:	MIAMI FL 33136

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: GLADYS V. HAYES**DEACONESS/TRUSTEE****04/28/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date