


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90101 009 ****70.00

DOCUMENT # 701200

1. Entity Name
SWEETFIELD BAPTIST CHURCH INCORPORATED, OF MIAMI, DADE COUNTY, FLORIDA



Principal Place of Business
3585 PLAZA STREET MIAMI, FL 33133 US

Mailing Address
3585 PLAZA STREET MIAMI, FL 33133 US

60003568



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

01082007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
05-0184000

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCFADDEN, EARNEST 6250 SW 58 PL MIAMI, FL 33143		Name Terri Vickers Street Address (P.O. Box Numbers Not Acceptable) 6104 SW 68 Street City South Miami FL Zip Code 33143	

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, 2007

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, MALLARD			NAME			
STREET ADDRESS	3048 ELIZABETH STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRINGER, MATTIE			NAME			
STREET ADDRESS	11251 DOUGLAS RD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PARKER, EMANUEL			NAME	Odessa Bembry		
STREET ADDRESS	2855 GRAND AVE			STREET ADDRESS	3100 New York Street		
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP	Miami, FL 33133		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VICKERS, TERRI			NAME			
STREET ADDRESS	6100 S.W. 68TH STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33143			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VICKERS, JULIA			NAME			
STREET ADDRESS	6104 SW 68 STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33143			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COBBS, BETTY J			NAME			
STREET ADDRESS	13933 MONROE ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33136			CITY-ST-ZIP			

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: *Terri Vickers* DATE: 1/14/07 DAYTIME PHONE #: 305-443-7409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR