

**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

2007 NOV 16 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

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

City & State
Zip Country



10242007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
VICKERS, TERRI
6104 SW 68 STREET
MIAMI, FL 33-1423

7. Name and Address of New Registered Agent
Name: *Falco, Julia F.*
Street Address (P.O. Box Number is Not Acceptable): *3421 Florida Avenue*
City: *Miami* State: *FL* Zip Code: *33133*

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: *Julia F. Falco* DATE: *11/4/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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	
TITLE: D NAME: HALL, MALLARD STREET ADDRESS: 3048 ELIZABETH STREET CITY-ST-ZIP: MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: STRINGER, MATTIE STREET ADDRESS: 11251 DOUGLAS RD CITY-ST-ZIP: MIAMI, FL 33176	<input type="checkbox"/> Delete
TITLE: T NAME: ODESSA, BEMBRY STREET ADDRESS: 3100 NEW YORK STREET CITY-ST-ZIP: MIAMI, FL 33133	<input type="checkbox"/> Delete
TITLE: S NAME: VICKERS, TERRI STREET ADDRESS: 6100 S.W. 68TH STREET CITY-ST-ZIP: MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: VICKERS, JULIA STREET ADDRESS: 6104 SW 68 STREET CITY-ST-ZIP: MIAMI, FL 33143	<input type="checkbox"/> Delete
TITLE: D NAME: COBBS, BETTY J STREET ADDRESS: 13933 MONROE ST CITY-ST-ZIP: MIAMI, FL 33136	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: <i>Davis, Albert</i> STREET ADDRESS: <i>10805 S.W. 141 Lane</i> CITY-ST-ZIP: <i>MIAMI, FL 33176</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <i>S</i> NAME: <i>Falco, Julia F.</i> STREET ADDRESS: <i>3421 Florida Ave</i> CITY-ST-ZIP: <i>MIAMI, FL 33133</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <i>S</i> NAME: <i>Falco, Julia F.</i> STREET ADDRESS: <i>3421 Florida Ave</i> CITY-ST-ZIP: <i>MIAMI, FL 33133</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <i>S</i> NAME: <i>Falco, Julia F.</i> STREET ADDRESS: <i>3421 Florida Ave</i> CITY-ST-ZIP: <i>MIAMI, FL 33133</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Julia F. Falco* DATE: *11/4/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR