

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 701970	
1. Entity Name CHOSEN MISSIONARY BAPTIST CHURCH INC	

Principal Place of Business 1641 NW AVE G P O BOX 174 BELLE GLADE FL 33430	Mailing Address 1641 NW AVE G P O BOX 174 BELLE GLADE FL 33430
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-1846826	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JONES, SANFORD T. 908 NE 30 ST. BELLE GLADE FL 33430	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

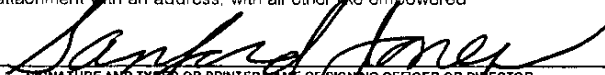
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: 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
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10. OFFICERS AND DIRECTORS	
TITLE	PD ☐ Delete
NAME	JONES, SANFORD T.
STREET ADDRESS	908 NE 30 ST.
CITY-STATE-ZIP	BELLE GLADE FL
TITLE	S ☐ Delete
NAME	BROOKS, LURLINE
STREET ADDRESS	1505 N.W. AVE. G
CITY-STATE-ZIP	BELLE GLADE FL
TITLE	D ☐ Delete
NAME	BEIERSDORFER, JAMES
STREET ADDRESS	1508 1/2 NW12 ST.
CITY-STATE-ZIP	BELLA GLADE FL
TITLE	D ☐ Delete
NAME	DAWSON, CURTIS
STREET ADDRESS	600 NW AVENUE G
CITY-STATE-ZIP	BELLE GLADE FL
TITLE	D ☐ Delete
NAME	RAYNOR, JOHN H
STREET ADDRESS	1143 NE 25TH ST
CITY-STATE-ZIP	BELLE GLADE FL 33430
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  3-15-07