2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Oct 08, 2008 Secretary of State **DOCUMENT# 702900**

Entity Name: NEW PROVIDENCE MISSIONARY BAPTIST CHURCH, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

760 NW 53RD ST MIAMI, FL 331271840

Current Mailing Address: New Mailing Address:

760 NW 53RD ST MIAMI, FL 331271840

FEI Number: 27-0027000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURDINE-COAKLEY, GREGORY TRUSTEE DAVIS, VINSON PASTOR 2195 NW 179 STREET 1000 NW 63 ST

MIAMI GARDENS, FL 33056 US MIAMI, FL 33150 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: VINSON DAVIS 10/08/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

NELSON, PATRICK DEACON Name: Name: Address: 525 NW 47 ST Address:

City-St-Zip: MIAMI, FL 33127 City-St-Zip:

Title: Title: () Delete () Change () Addition Name: SWEET, ERIC M DEACON Name:

Address: 485 NW 87 ST Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip:

Title: () Delete Title: () Change () Addition

DAVIS, VINSON PASTOR Name: Name: Address: 2195 NW 179 ST Address: City-St-Zip: MIAMI GARDENS, FL 33056 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

BURDINE-COAKLEY, GREGORY TRUSTEE Name: Name: 1000 NW 63 ST Address: Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VINSON DAVIS Ρ 10/08/2008