

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90290 015 \*\*\*\*61.25

**DOCUMENT # 703458**

1. Entity Name

STANTON MEMORIAL BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

50 NE 119TH STREET  
MIAMI FL 33161-5399  
US

50 NE 119TH STREET  
MIAMI FL 33161-5399  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0944178

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

HALL, JOHN R  
329 PALERMO AVNUE  
MIAMI FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 VTD ☐ Delete  
NAME HALL, JOHN R  
STREET ADDRESS 329 PALERMO AVE  
CITY-ST-ZIP MIAMI FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME SAINTIL, KENCI  
STREET ADDRESS 2633 FLETCHER STREET  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Delete  
NAME WYNN, STEPHEN  
STREET ADDRESS 1250 NE 125 STREET #218  
CITY-ST-ZIP MIAMI FL 33161

TITLE PD ☒ Change ☐ Addition  
NAME Lissade, Joseph  
STREET ADDRESS 220 N.W. 146 Street  
CITY-ST-ZIP Miami FL 33168

TITLE VPD ☐ Delete  
NAME LISSADE, JOSEPH  
STREET ADDRESS 220 NW 146 STREET  
CITY-ST-ZIP MIAMI FL 33168

TITLE VPD ☐ Change ☒ Addition  
NAME Sands, Ed  
STREET ADDRESS 2727 N.W. 106 Street  
CITY-ST-ZIP Miami, FL 33147

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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, or in any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/06

305-759-5769