

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2005  
Secretary of State**

DOCUMENT# 706494

Entity Name: SOUTH MIAMI HEIGHTS BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

11295 QUAIL ROOST DRIVE  
MIAMI, FL 331576542 US

**New Principal Place of Business:**

**Current Mailing Address:**

11295 QUAIL ROOST DRIVE  
MIAMI, FL 331576542 US

**New Mailing Address:**

FEI Number: 59-6032414      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ARCHIBALD, HENSON  
9120 CARIBBEAN BLVD.  
MIAMI, FL 33157 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CAREY, GLENN MR  
Address: 12950 SW 191 STREET  
City-St-Zip: MIAMI, FL 33177 US

Title: D      ( ) Delete  
Name: BROWN JR., LLOYD MR  
Address: 17331 S.W. 119 CT.  
City-St-Zip: MIAMI, FL 331772216 US

Title: D      ( ) Delete  
Name: THOMPSON, MONICA MS.  
Address: 20613 SW 122 AVE  
City-St-Zip: MIAMI, FL 33177 US

Title: D      (X) Delete  
Name: BARRETT, MICHELLE MRS.  
Address: 26401 SW 149 PL  
City-St-Zip: MIAMI, FL 33032 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: BARRETT, MICHELLE MRS.  
Address: 26401 S.W. 149 PL  
City-St-Zip: MIAMI, FL 33032 US

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MR. LLOYD BROWN

D

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date