2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706494

FILED Apr 23, 2006 Secretary of State

Entity Name: SOUTH MIAMI HEIGHTS BAPTIST CHURCH, INC.

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

11295 QUAIL ROOST DRIVE MIAMI, FL 331576542 US

Current Mailing Address: New Mailing Address:

11295 QUAIL ROOST DRIVE MIAMI, FL 331576542 US

FEI Number: 59-6032414 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:

ARCHIBALD, HENSON ARCHIBALD, HENSON MR. 9120 CARIBBEAN BLVD. 9120 CARIBBEAN BLVD. MIAMI, FL 33157 US MIAMI, FL 33157 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: HENSON ARCHIBALD 04/23/2006

Electronic Signature of Registered Agent Date

City-St-Zip:

OFFICERS AND DIRECTORS:

MIAMI, FL 331772216 US

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MIAMI, FL 331772216 US

Title: D () Delete Title: D (X) Change () Addition Name: BARRETT, MICHELLE MRS. Name: DELL, DAVID C MR.

Address: 26401 S.W. 149 PL Address: 9040 CARIBBEAN BLVD
City-St-Zip: MIAMI, FL 33032 US City-St-Zip: MIAMI, FL 33157 US

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

 Name:
 BROWN JR., LLOYD MR
 Name:
 BROWN JR., LLOYD C MR

 Address:
 17331 S.W. 119 CT.
 Address:
 17331 S.W. 119 CT.

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

 Name:
 THOMPSON, MONICA MS.
 Name:

 Address:
 20613 SW 122 AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33177 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MR. LLOYD BROWN DIR 04/23/2006