

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

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 707678**

1. Entity Name  
**ROANOKE BAPTIST CHURCH INC**



Principal Place of Business  
**1320 DOUGLAS AVE  
WEST PALM BEACH, FL 33401**

Mailing Address  
**1060 W 2ND ST.  
RIVIERA BCH., FL 33404**

**DO NOT WRITE IN THIS SPACE**



02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**50-0322260**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MCDONALD, HERBERT  
173 SUNFLOWER CIRCLE  
ROYAL PALM BEACH, FL 33411**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	MCKINNEY, WILLIE L
STREET ADDRESS	1060 W. 2ND STREET
CITY-ST-ZIP	RIVIERA BEACH, FL
TITLE	T
NAME	TURNER, WILBERT
STREET ADDRESS	1447 8TH STREET
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	KERBO, JOHN
STREET ADDRESS	1134 WEST 23RD ST.
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	D
NAME	COOK, JESSIE
STREET ADDRESS	533 S MAGONIA CIR.
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	S
NAME	MCDONALD, HERBERT
STREET ADDRESS	173 SUN FLOWER CIRCLE
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	P
NAME	JOHNSON, MAURICE REV
STREET ADDRESS	922 14TH STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

U00000281873  
03/31/05-80019-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** William McKinney - William McKinney 3/30/05 581 386-9037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #